The Global Widows Report 2015
A Global Overview of Deprivation Faced by Widows and Their Children

March 2015

THE LOOMBA FOUNDATION
Caring for widows around the world

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Table of Contents

List of Figures and Tables

Loomba Foundation Introduction to the 2015 Global Widows Report

Author’s Introduction and Acknowledgements to the original 2010 report

1: Introduction – Widows, The Omission

2: The Scale of Widows Deprivation

2.1: Deprivation – Not limited to one culture, society or region

3: Key Statistics on Widows – 2015: Number of Widows and Poverty

4: Causes of Widowhood: Developed and Developing Countries

4.1: Global Death Patterns

4.2: Poverty

4.3: Hazardous Work, Disease and Chronic Poor Health

4.3.1: “Work Kills More People Than Wars”

4.3.2: Disease

4.3.3: Chronic Poor Health

4.4: Psycho-Social Response Deaths

4.5: Road Traffic Deaths

4.6: Conflict: Interstate War, Civil War, Genocide and UXO

4.6.1: Interstate War, Civil War and Political Repression

4.6.2: Genocide Deaths

4.6.3: Landmines and UXO Deaths

4.6.4: Scale of Conflict Deaths

5: Consequences of Widowhood – Developing Countries

5.1: Loss of Husbands’ Income, Disinheritance, Government Neglect, Social Exclusion

5.1.1: Loss of Husbands’ and Partners’ Income, Low Wages and Lack of a Welfare State

5.1.2: Disinheritance and “Grabbing”

5.2: Widows with No Way Out – Macroeconomic Catastrophe, HIV/AIDS, Famine, War
5.2.1: HIV/AIDS and Famine
5.2.2: Macroeconomic Catastrophe – Economic Double Standards, Agricultural Decline
5.2.3: War Widows
5.3: Discrimination, Stigma, Violence and Predatory Sexual Behaviour
5.3.1: Stigma and Religion
5.3.2: Stigma and Sex
5.3.3: Stigma and Rape during War
5.3.4: Widow “Cleansing” and “Inheriting”
5.3.5: Husband Killing and the Stigma of Witchcraft
5.3.6: The Threat and Stigma of HIV/AIDS
5.3.7: Anecdote
5.4: Ebola: Widowhood as a Driver
6: Widows Deprivation in Developed Countries
6.1: Incomplete Welfare States – Lack of Free Health Care and Pensions
6.2: Poverty and Deprived Social Groups – Ethnic Minorities and Low Skilled Workers
7: Threats and Outcomes for Children: Some Examples
7.1: Some Examples
7.2: Wider Implications of Widows’ Deprivation: Girl-children
8: Key Issues Facing Widows and Their Children – a Summary
8.1: Twelve Key Issues
9: How the World Can Help
9.1: Effective Advocacy
9.2: Awareness of Existing Rights and Entitlements – Welfare States are not enough
9.3: Direct Action: Options for Social and Economic Programmes for Widows
9.3.1: Livelihoods: Economic Empowerment Programmes
9.3.2: Social Programmes for Widows
9.4: Livelihoods and Food Security: Broad Policy Context
9.5: Empowerment of Widows

9.6: International Widows Day – A Starting Point

9.7: Post-Millennium Development Goals Framework: Need for Detailed Framework

Appendix 1: Widows Individual Country Data for 2015 (includes supporting data)

Appendix 2: Key Definitions

Appendix 3: Overview of Data, Sources, and Methods of Analysis on Widows

Appendix 4: UN Population Division Region Definitions

Appendix 5: Census and Survey Data Used for the 2015 Global Widows Report: Source List

References

List of Figures and Tables

Figures

Figure 2.1: Treatment of Widowed Women, World Public Opinion survey results

Figure 4.1: Widows Incidence Model

Figure 4.2: Widows and Poverty

Tables

Table 3.1: Regional and Global Estimates of Widows: Changes Between 2010 and 2015

Table 3.2: Global Distribution of Widows: Regional Widows Numbers as Percentage of Global

Table 3.3: Percentage of Widows of Marital Age Female Population

Table 3.4: Widow’s Children 2010 and 2015

Table 3.5: Countries with One Million or More Widows

Table 3.6: Countries with Highest Percentage of Widows in Female Marital Age Population

Table 3.7: Widows’ Cohort Regional Averages: Cohort Percentage Total of Widows – 2010

Table 3.8: Top 20 Countries with the Highest Number of Widows – 2010

Table 3.9: Countries with Highest Percentage of Widows out of Corresponding Female Marital Age Group
Table 4.1: Premature Deaths by Sex and 15-49 Age Group, Percentage, 1990 and 2001
Table 4.2: Percent of Male Deaths by Age Range of Total Male Deaths, 2005-2010
Table 4.3: Global and Regional Estimates of Widows in Extreme Poverty – 2015
Table 4.4: Male Premature Death Top Five Causes, Percent of Annual Deaths, ages 15-49, 2001
Table 4.5: Percentage Change in Widows During the Russian Transition of the 1990s
Table 4.6: Countries with War Widows – Parts I & II
Table 4.7: Pre- and Post-War Liberia: Widows of Child Bearing Age, 15-49, Percentages
Table 4.8: Pre- and Post-Genocide Rwanda: Widows of Child Bearing Age, 15-49, Percentages
Table 5.1: Maternal Mortality: Indicator for quality and existence of government and social protection (welfare state): Deaths in Child Birth per 100,000 Live Births, 2000
Table 5.2: Inheritance Regimes in Central and South America
Table 5.3: Marital Regimes in Central and South America
Table 7.1: Widows’ Children by Key Child Age Groups, 2015 Global Estimates
Loomba Foundation Introduction to the 2015 Global Widows Report

Five years on after the first Loomba Foundation Global Widows Report in 2010, and the subsequent book that was based on the research from the report, Invisible, Forgotten Sufferers: Why the UN should recognize International Widows’ Day, the Loomba Foundation has produced a follow up report, the Global Widows Report 2015. This version of the 2015 report is Version-2.2; note, all reference in the 2015 to the 2010 Global Widows Report refer to the updated version released in 2011, not the original 2009 draft.

It comes at an important time in the same year that the Millennium Development Goals (MDGs), begun in 2000, conclude, and their follow on development initiative is being planned, and when new severe social challenges have emerged in the form of ebola and the war in Syria with its spill over into Iraq and other neighboring countries, the conflicts Libya, Yemen, Gaza in Palestine, and Ukraine, South Sudan and Central African Republic. The humanitarian situation is worst since Second World War and the international system that finances humanitarian response has reached its limit. The 2015 report also comes at a time when optimistic claims are being made about a turning point in the incidence of HIV/AIDS globally. Yet this comes at a time when reports from India suggest HIV is still on an expanding trajectory – the example of Madhya Pradesh is often cited – and The Global Fund to Fight HIV, TB and Malaria faces funding cuts. In the European Union and North America, the effects of “The Great Recession” are still being felt, Greece, Portugal and Spain have faced humanitarian emergencies of their own as a result. With these new events of the last five years, the trends identified in the 2010 report continue, deprivation faced by widows continues to be one of the most serious forms of Gender Based Violence (GBV) in the modern world.

Widows and their children, already among the least fortunate in the world’s social and economic systems, are receiving even more challenges than usual as a result of the ebola, war and economic collapse and stagnation. The 2015 Global Widows Report therefore could not come at a more timely moment to draw attention to the often overlooked and poorly understood role widows and their children play in crises.

Changes in the 2015 include greater coverage of background data on the estimates of widows; the final chapter that includes the post-2015 MDGs recommendations also includes an appendix on background to the MDGs and an appendix on Gender Based Violence (GBV).

Author’s Introduction and Acknowledgements for the original 2010 report

I had only cursory knowledge of how difficult widows’ and women who have lost partners’ lives can be when I accepted the task of researching and writing a global overview of widows and women who have lost their partners. The image in my mind was the one provided by economist Jeffrey Sachs in his book The End of Poverty, where he gave the example of an Malawian grandmother in a rural part of the country who had responsibility for providing for the well-being of her dead adult children’s children – these were her grandchildren, her children had all died of HIV/AIDS. At the other extreme is the colloquial reference in the United States to the “bag lady”,
who is possibly a widow, either homeless or living in a rundown part of town. In either case, she is described as destitute. Or less dramatically, the image of a widow in the west is simply an elderly woman. These images however only tell a fraction of the story.

Once I began the widows study, referred to as the “Widows Research Report” in the book produced by Vijay Dutt using this report, and had covered some ground, the aspects of widows and women who have lost their partners produced issues that had systemic implications for societies. It showed cases of able governments in developed countries that refuse to act to safeguard human well-being of these women (and their children), and at the same time the research covered examples of extreme outcomes of extreme behaviours that cannot readily be anticipated by external observers from other societies – “cleansing” and the perceived need for it, and beliefs that widows had caused their husbands’ deaths because of their own misdeeds in a previous life, were among the most disturbing. Most of the most puzzling influences affecting widows are not examined by the societies that practice them, and without questioning them they remain secret, or in other cases where they are acknowledged they exist, through their normalcy, no one acknowledges the practices cause harm, therefore the practices exist in a kind of private realm nonetheless. Perhaps the most far reaching impact of widows’ insecurity is the impact this has on women and families to choose to focus most of their resources on the male members of the family. This means that boys get more health care and education than girls. Boys get this focus because women’s rights are not acknowledged in many societies so that women depend on men for economic and legal security. I would have known none of this without embarking on this study, and it is likely many readers of this report will not have known without opening this report, and without this study, and publicising its findings, neither will most of the world.

Much of the research provided and analysed in what follows is not new, however, most people will be unfamiliar with the examples of widows’ lives because the evidence has moved no further than academic journals, obscure books, and reports by international organisations. There are some books focused on the wider public on the topic, but they are too few.

Other than the individual cases of extreme abuse, what was most disturbing were the structural causes of deprivation faced by widows and the systematic impacts on widows directly, and in some ways most notably, the wider systematic impacts on sections of society outside the category of widows, as noted above with girl-children. Deprivation faced by widows therefore extends its destructive influence deep into the rest of society, and can be seen at work across large parts of the world. Widows’ deprivation is therefore not simply about identifying one more category of people to be added to the poverty policy list. This latter point will obviously be of interest to governments, given that they rarely act because there is a moral need to do so – action happens because it helps achieve some other already prioritised objective.

Changes made to the First Draft of the 2010 Report

It is worth noting that a first version of the “Widows Research Report” exists and was submitted to the Loomba Foundation at the end of September 2009. This was passed on to Vijay Dutt for
the writing of the book Invisible Forgotten Sufferers. The current version of the report, version two, was finalised in December 2011. Differences with the first version are that some of the headings have been changed, new headings added and additional material added, as well as a re-edit that relocated existing material in the first version to different locations in the second version. It is worth noting that the data table on widows numbers by country was submitted to the United Nations on the United Nation’s request in 2011.

Finally, it needs to be said that the purpose of the Widows Research Report was realised when the United Nations agreed to institute a formal international observance day for widows, approving it at the end of 2010. June 23 is now UN International Widows’ Day.

Acknowledgements for the First Global Widows Report

I would also like to pay tribute to those who have gone before on the widow issue, such as Widows for Peace and Democracy and those small NGOs around the world that work in difficult conditions on the ground to support and defend widows from extreme abuse and destitution. Thanks to Salma (name changed), the Bangladeshi garment worker from Dhaka; the Centre for Development Studies (CDS), Kerala, where I conducted the last phase of my research in 2009; Jyotsna Jha for her insights and providing a copy of her co-authored book on education issues among India’s most deprived communities; Professor Sylvia Chant of the Geography department of the London School of Economics; Professor Paul Spicker from Robert Gordon University, Scotland, a noted international expert on poverty that I consulted with on the technical aspects of poverty measurement; Lecturer Martha Chen from the Harvard Kennedy School; Professor Jody Heymann of McGill University; Professor Roger Jeffery of the University of Edinburgh; Jean Dreze for his input from an earlier consultation pre-dating this report; Mike Cowley for extensive editorial guidance on the project for over six months; School of African and Oriental Studies (SOAS) library, London for access to its collection; Chatham House for use of its library; Oxfam GB for access to its library; The British Library, London; Oxford University Press and New Internationalist for allowing use of quoted material in the report; the UN Population Division for help with international data on widows; IPUMS, various UK publishers for their time and input; Sally Brough and Safdar Shah for logistical support at the Loomba Foundation; The Loomba Foundation’s supporters; Konark for publishing Vijay Dutt’s book in 2010; Vijay Dutt for bringing the issue to a wider audience; the United Nations for approving International Widows’ Day; and Mr. Loomba for understanding of importance of research in changing minds.

Risto F. Harma
1: Introduction

Widows – The Omission

“It can be said that there is no group more affected by the sin of omission than widows. They are painfully absent from the statistics of many developing countries, and they are rarely mentioned in the multitude of reports on women’s poverty, development, health or human rights published in the last twenty-five years” (1).

It is this “sin of omission” which the Loomba Foundation is seeking to address here in what is the first definitive guide to the problems, and too often, extreme deprivation, faced by widows and their children in contemporary global society.

Widows deprivation has for too long been comprehensively ignored, yet the conditions that many widows are forced to live in out of economic necessity or social norms qualify as a humanitarian emergency and as significant human rights violations. The latter, in particular, do not require us to stretch our understanding of the human rights to encompass unfamiliar areas, but rather constitute classic violations such as segregation, harassment, extortion, sexual assault and murder, all on a large scale. It is disturbing that in some cases, some of human beings“ most cherished institutions are used to justify these aggressions.

Facing extreme poverty, starvation, rape, HIV/AIDS, armed conflict, seizure of their homes and possessions, and social exclusion, widows and the deprivation they face have been invisible to the public and policy makers. While their children often have to endure extreme poverty, child labour, prostitution or enforced labour or are used as bargaining chips to strip widows of their economic assets and rights. Collectively, and through no fault of their own, they have little hope of reversing a life of ever diminishing options.

Whereas a small group of commendable researchers and non-governmental organisations (NGOs) have sought to focus on the issue, with intermittent support from the United Nations, the lack of mainstream attention has meant that the issue has fallen way beneath the radar of even the most pro-active governments.

Forcing collective realisation of the severity of deprivation faced by widows and their children – “the widows issue” – is therefore the purpose of this report. The report seeks to position the issue at the forefront of the global development agenda, ensuring that the special deprivation faced by widows gains the recognition required as the first step to action. The report refers mainly to the term widow or widows for the purpose of brevity of exposition, but with the use of the term widow(s), this report also takes it to mean women, not formally married, who have nevertheless lost their partner through death.

In an attempt to achieve this, the Global Widows Report has brought together not only previously unseen data but also uniquely it has assembled a significant amount of existing material on the

1 (UN 2001: 2).
subject. By concentrating the data, these individual pieces of research and first person accounts into an easily available format, the report makes possible what they cannot achieve on their own: the establishment of the deprivation faced by widows as a global human rights, social and economic development problem. The report offers the first definitive global guide to the widows issue.

The 2015 report continues the 2010’s uniqueness in providing a complete country-by-country, regional and global quantitative breakdown of data on the number of widows. The report has been able to bring together disparate and inaccessible material on widows, from unusual and difficult to find sources. Many of these sources include in depth studies in hard to access academic journals and reports by international development organisations. The 2015 report continues to have the beneficial effect of the first report by facilitating greater awareness of these sources by bringing them together in one place. The 2015 report also includes the testimony from publicly available internet video and documentary sources referenced in the 2010 report, which the reader is encouraged to view and for which their details are included in the references at the end of the report.

Available qualitative and quantitative country data on widows shows that, for a large number of countries, widowhood falls across a broad range of ages, and there are clear and important reasons for this that differ according to global location.

In western countries, a smaller percentage of women marry and more consensual relationships outside traditional marriage exist, and greater longevity for the population in general means widowhoods tends to be located in older age groups.

However, in significant portions of developing countries, prevailing social norms and lack of social safety nets mean that remarriage is often effectively mandatory for widows, as these norms do not accept the existence in society of single women. As a result of remarriage, many widowed women remain hidden and are not recorded in official statistics – only women who are currently widows are typically recorded in censuses and survey data. Therefore the true magnitude of widowed women’s, and girls’, numbers and their problems remain unknown. In addition, premature male mortality is much higher in developing, than in developed countries, spreading the risk of becoming a widow to younger age women, including girls. Early marriage means a number of girls will also become widows.

“In a wide range of societies widowhood has been recognised as a particular hazard for women....” – Gail Wilson, researcher (2)

The research also emphasizes the important role of widows in some third world countries – Sub-Saharan Africa in particular – where they form the last tier of adults left to manage communities decimated by HIV/AIDS.

Until the research was undertaken for the original 2010 report, the Loomba Foundation loosely estimated a figure of 100 million widows globally during the period prior to 2010 Loomba Foundation global widows report.

“The less you find, the more telling it becomes about a much undervalued population.” – Eileen Stillwaggon, a development researcher, referring to the absence of research into the lives of widows (3)

The 2010 report produced a global widows estimate of 245 million (245,188,630) women who are widows and have currently not remarried (note that some countries also count females who are not legally married but are in legal unions among the widowed category). Due to the nature of the data as estimates based in part on estimated population data by the United Nations Population Division, which periodically revises its population estimates, the 2015 Loomba Foundation report has produced a revised estimate of widows for 2010. The need for a revised estimate was due to the revised UN population data from the UN Population Division that came out in 2012. As a result, the revised 2010 estimate for widows globally is 237,113,760. Without making this revision, the 2015 widows estimates would not have been comparable with those for 2010, and would have shown decreases in widows in some countries and regions which have not in fact happened in reality. The 2015 report estimates the total number of widows at the global level to be 258,481,056 which represents a 9.0% percent increase since 2010, which is 21,367,296 more widows globally.

These figures, as mentioned above, are unable to capture women, and girls, who were widowed and then forced to remarry for economic and cultural reasons or out of their own free will – they are all counted as “married” in official statistics.

A rapid verification of the paucity of research and policy work on widows can be seen by an internet search. There is little, in English, on widows in East Asia or the Middle East - with the majority of references being to Sub-Saharan Africa and South Asia - or for that matter on widows in OECD and other developed countries (4).

3 Report author’s written communication with Stillwaggon in 2009.
4 The OECD – the Organisation for Economic Cooperation and Development – is a group of the world’s richest and most influential countries, but is by no means complete. Most of what little research has been done on widows is clustered between the 1980s and 1990s, and even then only three international studies appeared in English as books.
An Australian study notably observes that in most research in Australia, “little emphasis has been given to the broader needs of [widowed] women...” (5) beyond the personal meaning and psychological effects of losing a husband. This is an unsatisfactory state of affairs, when the same Australian study showed that a large proportion of women were only just getting by on their incomes.

Again there is little quantitative and qualitative data available for countries such as China apart from the stark figure that there were 39.5 million widows in China in 2007. There is a similar paucity of data on what’s happening in Cambodia and Vietnam, both countries racked by wars and genocide, which have both experienced large-scale violence, so are likely to have a proportionately large residue of widows as a result.

Indications of how serious conditions can become, and hence the need for research and action, are shown by the statistics for Rwanda, where a minimum of 13 percent of women and girls are widows (Rwanda Census 2002), with half of all married men slaughtered during the genocide. The same applies for the Democratic Republic of Congo, where sustained conventional warfare has left some localities with a 40 percent widowhood rate. Afghanistan, where UNIFEM – the United Nations Fund of Women – has reported as many as two million war widows - well above 20 percent of the corresponding female population – without there being any real knowledge of the conditions in which they and their children are forced to live. However, the countries with the highest percentage of widows among their female marital age populations are in Europe, where Ukraine leads with a rate of 19.2%. The Czech Republic has a rate of 13.6%, similar to post-genocide Rwanda, France has 12.2%. See the end of this report for a list of all countries’ data on widows.

Without further research on the living conditions of widows in under-studied countries, the widows’ issue will remain hidden in what are currently heavily aggregated poverty statistics. One recommendation of the Beijing Platform for Action of the UN Beijing women’s conference, 1995, was for more and better statistics on gender, which still has not been adequately addressed by governments.

Worse still, the negative impact on societies that widows deprivation has cannot be addressed with the current lack of focus and understanding of the widows’ issue. For example, there is virtually no reference to the negative effect that widows’ precarious economic conditions have on girls’ opportunities to receive education and health care, and therefore, on young women’s life trajectories. The link being made here is to the well-known social phenomenon in many parts of the world of “son preference”, which has been extensively researched in Elisabeth Croll’s study global study of the topic called *Endangered Daughters* (6). While not the only reason for “son preference”, women’s dependence on males for economic and physical security throughout their lives in those societies creates incentives in the family that work against ensuring the welfare of

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6 Elisabeth Croll (2000).
girls. This happens because females either are not permitted to take on paid work, or are paid significantly less than males, this is compounded by the lack of social safety nets (welfare state provision), and by the fact that there is a higher chance of women becoming widows while young or old because of high male mortality and large differences in age at marriage.

In practical terms, the result of this is first, to ensure a male heir exists, and second, that he, the son or sons, receive every available family resource to ensure he (or they) will move into paid work. As a result of this insecurity faced by adult women, in less well-off circumstances, girls will not receive even primary school education, while in more affluent families, it leads to large scale abortion of female foetuses. While this report does not go into this area in depth, its reference to the link between widows’ deprivation and girls’ deprivation is to act as a spur to wider recognition of the link, and therefore to the underestimation of the seriousness of the widows’ deprivation issue. It makes it clear the widows’ issue is much more than being about old ladies without pensions, rather it is a systemic issue linking to a number of different issues.

Only Latin America has statistics on income poverty compiled by sex. More importantly, without research, no action will be taken, and without the required country-level statistics, little systematic comparative country-level research can be undertaken. This report is intended as a trigger for both research and action, together with understanding of the factors affecting the lives of women who have lost husbands and partners through death.

“Significant attention has been paid to women’s needs and rights in adulthood, particularly during their child-bearing years... [but] more still needs to be done, however, to fully understand the challenges posed by abrupt changes in status brought about widowhood.”

– a report by the UK’s Department for International Development (7)

While there has been no comprehensive global study on the deprivation faced by widows and their children before the publication of the Global Widows Reports, work has been undertaken in other fields – in particular women’s right – that has focused on a limit set of issues with respect to widows, such as inheritance of husbands’ property and HIV/AIDS and remarriage.

Human rights specialist Prof. Joshua Castellino has pointed out that the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW) specifies “the elimination of all forms of discrimination against women” (8), which therefore covers widows. He went on to

7 DFID (2000: 19).
point out that law sets the standard and act as “a statement of intent”, to be followed by action on the ground to change social attitudes.

Poverty as an issue has rarely been neglected, however it is rarely addressed in the mainstream as a human rights issue, in spite of rights around issues that constitute elements enshrined in the UN’s International Covenant on Economic, Social and Cultural Rights. The deprivation or poverty faced by widows and their children predominantly finds its cause in the negation of widows’ human rights due precisely to their status as widows. Whether one construes poverty as a human rights issue in its own right or in instrumentalist terms as a set of obstacles to be overcome in order to achieve better living conditions, in the context of widows and women who have lost their partners, the two approaches are inextricably linked, one cannot be dealt with in isolation from the other.

Once widows have been acted against by various social, political and religious actors due to their status as widows, for the majority of widows globally, day-to-day poverty is the defining issue that makes all other outrages perpetrated against them possible. As such it reinforces the effects of the stigma of their social position as women without husbands and facilitates all the other indignities they face. For example, in many parts of rural Sub-Saharan Africa, where rural poverty is deepening, widows’ deprivation is spreading. In the United States, where the destruction of mass employment in well-paid jobs in manufacturing has resulted from thirty years of misconceived economic policies, many young widows find themselves in poverty on low pay with no health care.

Without having the full picture of the range of deprivations suffered by the world’s women as widows, and their causes, it will be impossible to set up social protection and to apply the human rights conventions and law to target the social and economic structures that support this deprivation. More startlingly still, by ignoring the position of widows in many societies, the significant role that widows’ deprivation plays as a cause of girl-child deprivation has been overlooked. This will clearly have resulted in a significant impediment to the success of recently heightened efforts to improve girls’ lives, and is acting as a blocker to the achievement of the Millennium Development Goals (MDGs).

It is clear therefore that the paucity of research and policy attention has a concrete role in sustaining widows’ deprivation as an extreme form of poverty. It has also been shown by previous campaigning experience that while local NGOs do the work that matters on the ground, they are limited in the scale of their impact due to lack of resources. These NGOs also often find themselves isolated politically by vested interests. International campaigning experience shows that pressure through research, policy action, and high-level advocacy make the difference in creating an enabling environment for sustained and comprehensive action, as happened with the international women’s movement and with the campaign against child labour in the 1990s (9).

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9 Harma (2009).
Recognising the large-scale neglect among policy makers and governments around the world of the particularly severe deprivation faced by large numbers of widows and their children, and the small number of international NGOs working with widows, The Loomba Foundation, itself an accredited NGO, expanded its focus beyond programme support into international advocacy.

Starting in 2005, The Loomba Foundation began marking June 23 annually as International Widows’ Day (IWD). Each year on this day, The Foundation holds events around the world in countries where it has established programmes or supports programmes with local and international partners. This built upon the Foundation’s other strategy of recruiting notable international personalities as programme partners and advocacy ambassadors as a means of inserting the widows issue into high level decision-making circles with the objective of stimulating wider international societal recognition.

In 2006, The Loomba Foundation, in collaboration with the Foreign and Commonwealth Office (FCO), held an international conference on widows’ globally. In 2008, in what was to be a prelude to the Global Widows Report, results were released from survey research commissioned by The Loomba Foundation, facilitated by the Royal Institute of International Affairs – “Chatham House”, London, and conducted by World Public Opinion (WPO). The survey collected data on perceptions of societies’ treatment of widows across a sample of 17 developed and developing countries (see chapter 2 for details).

This marked the start of The Loomba Foundation’s research effort to expand the knowledge base on widows, and to make this knowledge easily accessible to the public and decision makers: the data and written summary of the survey findings are available on the World Public Opinion website, and have already begun to be quoted in a number of sources internationally. The 2010 report added to the findings of WPO by bringing together the efforts of disparate researchers and activists from around the world. The 2010 report was also used as the basis for the Loomba Foundation book, was also used

“The failure to focus on the conditions in which widows live in many different cultures and countries is particularly reprehensible considering the seriousness of the deprivation suffered, and how badly it affects their welfare and that of their children.”


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as the basis for the Loomba Foundation book, *Invisible, Forgotten Sufferers: Why the UN Should Recognize International Widows Day* (2010), to lobby the United Nations to institute an international observance for widows – International Widows’ Day. In late 2010, the lobbying succeeded, with the first UN International Widows’ Day being 23 June 2011:

**International Widows’ Day – 23 June 2011**

**Date:** 23 June 2011

*Message from Michelle Bachelet, Under-Secretary General and Executive Director, UN Women, on the occasion of the first commemoration of International Widows’ Day, 23 June 2011.*

Women who lose their husbands suffer a great loss, but they remain vital contributors to their families and societies. On this first International Widows’ Day, we salute their achievements in continuing to care for their children, manage homes and jobs, and sustain leadership roles. We do so with the greatest respect because they do this in the face of adversity, not just from grief, but also from discriminatory social conventions that in far too many societies still relegate widows to positions of invisibility and marginalization.

This first International Widows’ Day is an important global step towards ending this discriminations, and promoting the universal protection of their rights. Today UN Women stands with the UN General Assembly in its resolution to affirm that widows must be granted the rights accorded to them under the Convention on the Elimination of All Forms of Discrimination Against Women and other international agreements....

As a result of the start of International Widows’ Day in 2011, there has been a noticeable increase in volume of written material from journalists and researchers, as well as NGO activities, the United Nations, through UN Women, also started programme funding aimed at bringing about practical improvements in the lives of widows and women who have lost partners.

The 2015 report will continue to bring attention and recognition to all those involved in trying to provide a better life for widows and their children by monitoring statistical trends. The report also ensures the stories of the women and girls are not forgotten.
2: The Scale of Widows’ Deprivation

2.1: Deprivation – Not limited to one culture, society or region

A survey commissioned by The Loomba Foundation on the treatment of widows across a sample of seventeen developing and developed countries uncovered evidence of widespread widows’ disadvantage (11). Twelve of the countries saw at least 40 percent of respondents reporting varying degrees of widows’ disadvantage, from “a great deal,” to “some” disadvantage (12). On average, 63 percent of respondents reported widows being treated worse than the general female population, of whom 20 percent said “little”, 27 percent said “some”, and 16 percent answered “a great deal”. Only 16 percent answered “not at all.”

This evidence indicates that widows’ deprivation is an issue not exclusive to any one culture, society or region, as corroborated by other evidence presented here, much of it brought together for the first time. The broad themes that emerge, as the key underlying factors in the

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11 Survey “respondents” were the general public. The question asked by the survey was: “To what degree are women who are widowed in [country] treated worse than other women: a great deal; some; a little; not at all”. The survey was conducted by World Public Opinion, and facilitated by The Royal Institute for International Affairs (Chatham House); results were released in June 2008. The full results are report below.

12 Figure 2.1 is from: http://www.worldpublicopinion.org/pipa/articles/btjusticehuman_rightsra/494.php

Notes: see Section-9 of the 2015 Global Widows Report for recommendations for programme and policy level interventions to improve the living conditions of widows and their children.
perpetuation of widows’ deprivation, are low levels of economic development and social norms that provide the context for retarding women’s empowerment. In many cases, low levels of economic development are experienced as poverty, and often as extreme poverty. Then there is the added effect of social norms that see widows suffering especially serious deprivation through “harmful traditional practices”, a term regularly used by the United Nations and NGOs. Using low levels of economic development, government social protection (welfare state services), and social norms as the key areas in assessing widows’ deprivation inevitably means the focus falls disproportionately on developing countries. This study reflects this global reality, but gives due recognition to the less dramatic, but widespread and equally neglected deprivation experienced by widows in developed countries. In some cases, it too meets the criteria for extreme poverty, the type of poverty that is widespread in many developing countries.

**Key Findings of the 2015 Global Widows Report:**

1: In 2015, out of 258,481,056 million widows around the world and 584,574,358 children of widows (children under age 18 and adult children).

2: The Loomba Foundation has estimated that in 2015, approximately 38,261,345 million widows, or 14.8% of all widows, live in extreme poverty where basic needs go unmet; this is a minimum estimate. The using the revised 2010 Loomba Foundation data and the 2015 Loomba Foundation estimates, the number of widows in extreme poverty decreased by 22.2% between 2010 and 2015.

3: The 2010 widows global report was issues before the Arab Spring began; with the resulting breakout of new armed conflicts in the Middle East and North Africa, especially the Syrian Civil War that started in 2011, this part of the world will see a marked increase in the number of widowed women as a result of the fighting, and marked increase in the severity of living conditions for widowed women, many of which are younger women with small children, as they enter the humanitarian emergency created by the war.

4: The most dire conditions are faced by Afghan, Iraqi (2.5 million displaced according to OCHA), South Sudanese (OCHA reports 4.1 million people need humanitarian assistance), Central African Republic (OCHA says 2.7 million people are in need of humanitarian assistance) and Syrian widows (12.2 million people, almost have the Syrian population, need humanitarian assistance according to OCHA) because of previous and on-going conflict; in northeastern Nigeria, southeastern Niger, western Chad, and northern Cameroon, around 1.5 million have been displaced by continuous attacks on civilians by Boko Haram; extremely poor living conditions are being faced by widows in the ebola emergency areas (several million people are in need of humanitarian assistance due to economic collapse caused by ebola); in Sub-Saharan African countries the most dire conditions are faced by evicted and abandoned widows with children, also by elderly widows caring for orphaned grandchildren in HIV/AIDS crisis countries; in many developing countries, serious conditions are faced by widows who only have daughters and no sons, and by child widows – from ages below 10 and up to age 17 – in developing countries.
5: Ebola: widow cleansing ritual will be spreading ebola effectively.

6: While there have been optimistic reports on the status of the HIV pandemic, HIV continues to be a significant threat to the global population, and continues to be a cause of women becoming widows and a cause of chronic illness and death among widows infected with HIV. Ground realities from many parts of the world are not encouraging: uneducated widows lack fundamental understanding of HIV and medical treatment, social norms around sexual behavior remain counterproductive, extreme poverty continues to be a driver of “exchange sex” or “survival sex” relationships, and health systems, especially in rural areas, remain in very poor quality.

7: Children of widows – those currently under age 18 and those who are adults – constitute a population of over half a billion people at 584,574,358 in 2015 as estimated by the Loomba Foundation; widows children increased by 5.7% over the last five years (or by 31,691,946 between 2010-15). Over the same period the number of widows increased by 9.0% (or by 21,367,296). The widows’ children data for 2010 presented here are also revised estimates.

8: Elderly widows left to run society – elderly widows are increasingly the last adults left to bring up children and run farms following the devastation of communities by HIV/AIDS, which has reached crisis levels in eastern and southern Africa. While there has been improvement since the 2010 Loomba Foundation report, Sub-Saharan African countries facing particularly severe HIV emergencies are Botswana, with an adult 15-49 age group infection rate of 21.9 percent, Lesotho at 22.9 percent, Namibia with 14.3 percent, South Africa with 19.1 percent, Zimbabwe with 15.0 percent, Swaziland with 27.4 percent, and Zambia with 12.5 percent. In India, total HIV/AIDS infections among all ages in 2013 was estimated by UNAIDS as 2.1 million compared to South Africa’s 6.3 million, Nigeria with 3.2 million, Kenya with 1.6 million and Malawi 1.0 million (data for China is not available) according the 2014 UNAIDS Gap Report (13).

9: Western Widows – in developed countries such as the USA, widows with low educational qualifications face lives of severe insecurity due to lack of affordable health care and the erosion of well paid jobs for low skilled workers. President Barak Obama observed that many Americans were “one medical emergency away from bankruptcy,” a characteristic of developing countries. In Eastern Europe, Central Asia and Russia, welfare states have been eroded significantly since 1990, leading to similar insecurity for widows with low qualifications and low incomes. Recently, during the financial crisis faced by Greece during the severe recession in developed countries that began in 2008, deep unemployment and deep government budget cuts have resulted in widespread poverty, elderly widows living on their own will have been badly affected.

10: Cleansing rituals continue to be performed, and are performed to “cleanse” widows after the death of their husbands, amounting to trial-by-ordeal. These are based around beliefs about the afterlife and suspicion about widows surviving their husbands. They can involve the widow having

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to drink the water used to wash the dead husband’s body, and sexual intercourse with a relative. The latter is high risk in countries with high levels of HIV/AIDS and has contributed to the severity of HIV/AIDS epidemic. Ritual cleansing has been reported in Sub-Saharan Africa in Angola, Botswana, Republic of Congo, Democratic Republic of Congo, Cote d’Ivoire, Ghana, Kenya, Lesotho, Malawi, Nigeria, Rwanda, Senegal, Swaziland, Tanzania, Uganda, Zambia, and Zimbabwe, and critically, in some of the ebola affected countries.

11: Killing husbands – widows in India, Nepal, Sub-Saharan Africa and Papua New Guinea are often erroneously accused of causing the death of their husbands, either deliberately as murder, or by causing their deaths through insufficient care, or through negligence by giving them HIV/AIDS, or as a result of religious beliefs that place the widow as the cause of death by her link to supernatural factors.

12: Widow evictions and property theft – forced eviction from the family home and seizure of even the most meagre of cooking utensils by the late husband’s family are widespread. Countries where this is systematic include Angola, Botswana, Republic and Democratic Republic of Congo, Cote d’Ivoire, Ghana, Kenya, Lesotho, Malawi, Namibia, Nigeria, Rwanda, Senegal, Swaziland, Tanzania, Uganda, Zambia, and Zimbabwe. In South Asia, Bangladesh and India are cited as prime examples of the practices.

13: The Loomba Foundation’s widows estimates for 2010 has been revised in light of the population data revisions conducted by the United Nations Population Division since the 2010 Loomba Foundation estimate were made. The UN periodically revises its population estimates, in 2010 the Loomba Foundation estimates used the UN Population Division’s 2008 Revision, since then the UN has issued the 2012 Revision, when the 2008 and 2012 revisions are compared, the 2010 data from the 2008 Revision has been revised downwards. As a result of the revision, the new 2010 and 2015 widows data is not comparable with the original 2010 Global Widows Report.

In addition to these broad trends, widows and their children suffer from a range of less well-documented but extremely serious outcomes as a result of the loss of husbands and partners. These issues embrace poverty, health, human rights and child protection, with consequences ranging from exposure to serious diseases and over-work, to targeted murder, forced marriage, child marriage, children’s loss of schooling, child labour, and multiple child safety risks (trafficking and street living), including child rape.

These consequences of becoming widows stem from the immediate loss of income that tips widows and their children into poverty, as well as its impact in deepening the poverty for families already experiencing a degree of poverty. Hazardous work, loss of paid work for widows due to care giving responsibilities and employer discrimination, lack of government social service provision across the full spectrum of needs, harmful traditional practices, illiteracy, preventable disease and inadequate post-conflict security create a significant barrier to widows achieving lives worth living.

Data on the number of widows at the global level, broken down by region and country, are
published here for the first time in their entirety. These include measures of extreme poverty, which confirms the accepted view that the majority of widows in severe poverty are to be found in developing countries. However, as the Loomba Foundation survey conducted by WPO indicates, and other evidence presented in this report shows, there are important aspects of poverty that persist in developed countries, which have had important negative consequences for widows’ well-being. Developed country poverty is not often covered in the mainstream international development literature, leading to a biased global picture of poverty and deprivation. This report covers both developed and developing countries to provide the first systematic quantitative overview of widows’ deprivation in developed countries.

The causes of widowhood are also addressed, the primary focus of which is on premature male mortality, defined as ages 15-59. High levels of preventable disease, especially HIV/AIDS, Malaria and Tuberculosis (TB), widespread malnutrition, hazards in the work place, and conflict – whether intermittent or full-scale conventional warfare and violent crime – all point to premature male mortality being of major concern for women in developing countries. However, the data shows that developed countries, including those of Eastern Europe, also have relatively significant proportions of premature male death. In advanced developed countries, the challenge now, as the population ages rapidly with the entry of the baby-boom group into old age, is to provide for increasing numbers of the elderly, who are strongly represented by widows. Elderly widows, like child widows, regardless of country of origin, are the least able to fight for equitable access to resources and are therefore at the greatest risk of poverty.

The consequences of becoming a widow, which falls hardest on women and children from low income, low skilled backgrounds around the world, are also explored in depth in the report. People in the low-income, low-skills bracket make up a significant portion of society in nearly all countries and often constitute the majority. They are the people least able to recover from a sudden drop in household income through the death of a spouse or partner. The pivotal factor on which widows’ fortunes depend is the existence of government support through effective welfare states: income support, health care, and free education and child care. Widows are left with a stark set of choices, whether they live in a developing or developed country. This is mainly due to the presence of dependent children, with women’s primary occupation still being maintenance of the home and childcare, with the husband in the key cash-income earning role (14).

Even in developed countries, where the contribution to families depends on two incomes and child care responsibilities can be more equitably distributed, loss of one person’s income has serious consequences. A widow in a developed country may find herself having no choice but to move onto state benefits due in part or entirely to her child care role and a lack of affordable

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14 Not all women’s time, once children are involved, is unpaid: their caregiving role is often combined with part-time and full-time work; an alternative way of looking at this is to consider circumstances from the point women who leave employment for a designated period while children are young, and then later re-enter full-time employment. Becoming a widow in the period outside employment will result in a livelihood crisis, which is also likely in the part-time work scenario.
child care and the lack of suitable employment conditions for women with children.

The situation of women as widows in developing countries is often further complicated by socially required actions for her to fulfil. She may be required to stay within her family to ensure the continuity of land possession by the family, which can require her to marry the husband’s brother, and sometimes require her to perform ritual cleansing activities, some of which can involve mandatory sexual intercourse, again sometimes a virtual death sentence in communities ravaged by HIV/AIDS and which lack free and effective health care systems. Compounding this situation is often the lack of legal redress for inheritance of husbands’ property due to non-standardised and gender-discriminatory legal systems and the basic lack of the skills and financial resources to bring a case to court.

The Loomba Foundation’s research has been directed to meet three key objectives: 1) to show that widows as a group tend to experience more extreme poverty and extreme forms of deprivation than the general population; 2) to show that becoming a widow puts a women at high risk of poverty and resultant deprivation which is often severe; 3) to identify the countries that have a higher incidence of widows’ poverty and deprivation, in order to identify the global distribution of widows’ deprivation and regional distribution of the types of deprivation.

A key tool in presenting a global picture of widows, as in the 2010 report, has been the use of a global data set on widows available in part from the UN, and augmented with more recent data from individual countries’ census and survey data – this data so far, other than through the Loomba Foundation global widows reports, has not made available in complete form from in other publications (15). Use of this data set in 2010 enabled the first ever complete quantitative global overview of widows, with estimates of the number of widows for 2010, including numbers in living in different levels of poverty. This has been presented in the most straightforward manner in order to access as wide a readership as possible, complete with appendix definitions, a new theoretical model used in the analysis of widows, and broad theoretical and specific data methodologies. For the general reader, however, it not necessary to understand these elements in order to understand what follows. They will be able to come away with a clear and easy to understanding picture of the state of widows’ lives around the world and the far reaching but unappreciated far reaching impact on societies and the need for action.

Specific country examples that appear throughout have been chosen solely on the basis of their availability and illustrative value and do not reflect any political sympathies. Certain countries, regions and topics have received more attention by researchers and the news media, and this in turn determines the availability of information; this report reflects that.

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15 These data are individual countries’ census data, for many countries these data have been compiled into a single data set by the UN. Censuses not in this data set were sourced individually, and countries for which no data was available had widows numbers estimated by using a sample of countries with similar social and economic and other relevant characteristics.
3: Key Statistics on Widows – 2015: Number of Widows and Poverty

This section provides quantitative data on the status of widows globally. There are currently no other publications available that present data on widows in the comprehensive manner found below. The data is taken from the UN database (UN Data, UN Statistics Division, http://data.un.org/Data.aspx?d=POP&f=tableCode%3a23 ) and individual country census and population survey data collected individually for this report. The 2015 report has re-estimated the 2010 data to be used for comparing changes in statistics on widows between 2010 and 2015. Re-estimation of the 2010 data was necessary because the underlying population data used for the 2010 estimates had been revised downwards by the United Nations Population Division (UN Population Division population data used for the 2015 global widows report is The 2012 Revision) (16). The original 2010 Loomba Foundation report data gave the total number of widows globally as 245,188,630 while the revised 2010 data gives a global widows total of 237,113,760.

Table 3.1: Regional and Global Estimates of Widows: Changes Between 2010 and 2015

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Sub-Saharan Africa</td>
<td>20,562,647</td>
<td>22,153,905</td>
<td>1,591,258</td>
<td>7.7%</td>
</tr>
<tr>
<td>East Asia &amp; Pacific</td>
<td>72,927,868</td>
<td>82,298,356</td>
<td>9,370,488</td>
<td>12.8%</td>
</tr>
<tr>
<td>Middle East &amp; North Africa</td>
<td>12,045,467</td>
<td>14,969,643</td>
<td>2,924,176</td>
<td>24.3%</td>
</tr>
<tr>
<td>Central Asia</td>
<td>3,518,319</td>
<td>3,614,152</td>
<td>95,833</td>
<td>2.7%</td>
</tr>
<tr>
<td>South Asia</td>
<td>54,562,110</td>
<td>57,844,083</td>
<td>3,281,973</td>
<td>6.0%</td>
</tr>
<tr>
<td>North America</td>
<td>14,209,960</td>
<td>14,280,312</td>
<td>70,352</td>
<td>0.5%</td>
</tr>
<tr>
<td>Caribbean</td>
<td>865,404</td>
<td>988,860</td>
<td>123,456</td>
<td>14.3%</td>
</tr>
<tr>
<td>Central America</td>
<td>3,624,832</td>
<td>4,159,216</td>
<td>534,384</td>
<td>14.7%</td>
</tr>
<tr>
<td>South America</td>
<td>11,309,297</td>
<td>12,774,265</td>
<td>1,464,968</td>
<td>13.0%</td>
</tr>
<tr>
<td>Europe and Russia</td>
<td>43,487,856</td>
<td>45,398,264</td>
<td>1,910,408</td>
<td>4.4%</td>
</tr>
<tr>
<td>Global TOTAL</td>
<td>237,113,760</td>
<td>258,481,056</td>
<td>21,367,296</td>
<td>9.0%</td>
</tr>
</tbody>
</table>

Using the revised 2010 data, it is possible to conduct an analysis of changes in the number of widows from 2010 to 2015: the total number of widows globally estimated for 2015 is

258,481,056 which represents a 9.0% percent global increase in the number of widows.

All regions of the world showed an increase in the number of widows (see the table above). The Middle East and North Africa showed that largest change of the period 2010 to 2015, with a 24.3% increase. The region with the smallest change in the number of widows was North America, with only a 0.5% increase. The least developed regions of South Asia and Sub-Saharan Africa showed percentage changes at half those of the Caribbean, Central America, South America and East Asia and Pacific, this is likely due to the steadily improving life expectancy of women in most of these areas. The region with the highest number of widows was East Asia and Pacific, followed by South Asia and Europe and Russia in that order. All other regions have significantly smaller numbers of widows than these three regions. The South Asia share is significant because of the high level of extreme poverty in the region, while Sub-Saharan Africa has a higher percentage of extreme poverty but a much lower global share of widows.

Table 3.2: Global Distribution of Widows: Regional Numbers as Percent of Global Total

<table>
<thead>
<tr>
<th>Region</th>
<th>2010 Revised Widows Numbers Estimates</th>
<th>Percent of Widows by Region of Global Total 2010 (Revised)</th>
<th>2015 Widows Numbers Estimates</th>
<th>Percent of Widows by Region of Global Total 2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sub-Saharan Africa</td>
<td>20,562,647</td>
<td>8.7%</td>
<td>22,153,905</td>
<td>8.6%</td>
</tr>
<tr>
<td>East Asia &amp; Pacific</td>
<td>72,927,868</td>
<td>30.8%</td>
<td>82,298,356</td>
<td>31.8%</td>
</tr>
<tr>
<td>Middle East &amp; North Africa</td>
<td>12,045,467</td>
<td>5.1%</td>
<td>14,969,643</td>
<td>5.8%</td>
</tr>
<tr>
<td>Central Asia</td>
<td>3,518,319</td>
<td>1.5%</td>
<td>3,614,152</td>
<td>1.4%</td>
</tr>
<tr>
<td>South Asia</td>
<td>54,562,110</td>
<td>23.0%</td>
<td>57,844,083</td>
<td>22.4%</td>
</tr>
<tr>
<td>North America</td>
<td>14,209,960</td>
<td>6.0%</td>
<td>14,280,312</td>
<td>5.5%</td>
</tr>
<tr>
<td>Caribbean</td>
<td>865,404</td>
<td>0.4%</td>
<td>988,860</td>
<td>0.4%</td>
</tr>
<tr>
<td>Central America</td>
<td>3,624,832</td>
<td>1.5%</td>
<td>4,159,216</td>
<td>1.6%</td>
</tr>
<tr>
<td>South America</td>
<td>11,309,297</td>
<td>4.8%</td>
<td>12,774,265</td>
<td>4.9%</td>
</tr>
<tr>
<td>Europe and Russia</td>
<td>43,487,856</td>
<td>18.3%</td>
<td>45,398,264</td>
<td>17.6%</td>
</tr>
<tr>
<td>Global TOTAL</td>
<td>237,113,760</td>
<td>100.0%</td>
<td>258,481,056</td>
<td>100.0%</td>
</tr>
</tbody>
</table>
Table 3.3: Percent of Widows of Marital Age Female Population – 2015 Estimates

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Sub-Saharan Africa</td>
<td>22,153,905</td>
<td>325,665,142</td>
<td>6.8%</td>
</tr>
<tr>
<td>East Asia and Pacific</td>
<td>82,298,356</td>
<td>920,906,147</td>
<td>8.9%</td>
</tr>
<tr>
<td>Middle East and North Africa</td>
<td>14,969,643</td>
<td>168,174,803</td>
<td>8.9%</td>
</tr>
<tr>
<td>Central Asia</td>
<td>3,614,152</td>
<td>31,110,000</td>
<td>11.6%</td>
</tr>
<tr>
<td>South Asia</td>
<td>57,844,083</td>
<td>665,180,000</td>
<td>8.7%</td>
</tr>
<tr>
<td>North America</td>
<td>14,280,312</td>
<td>149,386,000</td>
<td>9.6%</td>
</tr>
<tr>
<td>Caribbean</td>
<td>988,860</td>
<td>14,576,955</td>
<td>6.8%</td>
</tr>
<tr>
<td>Central America</td>
<td>4,159,216</td>
<td>65,710,400</td>
<td>6.3%</td>
</tr>
<tr>
<td>South America</td>
<td>12,774,265</td>
<td>171,985,800</td>
<td>7.4%</td>
</tr>
<tr>
<td>Europe and Russia</td>
<td>45,398,264</td>
<td>314,886,434</td>
<td>14.4%</td>
</tr>
<tr>
<td>Global Total</td>
<td>258,481,056</td>
<td>2,827,581,681</td>
<td>9.1%</td>
</tr>
</tbody>
</table>

Following this trend, in 2015, when the regional percentage of the global total number of widows is looked at, these three regions represent, in the same order, the largest percentage shares of widows. East Asia and Pacific represents 31.8% of the global widows total, while South Asia covers 22.4% while Europe and Russia cover 17.6%. These shares represent marginal decreases on the 2010 (revised) data, while the Middle East and North Africa, Central America, and South America all showed marginal increases in their global shares of widows, with Caribbean share unchanged.

The region with the largest percentage share of widows in 2015 from the corresponding female marital age population is Europe and Russia, followed by Central Asia, then North America. The region with the lowest percentage share is Central America. The total global corresponding female marital age population is over 2.8 billion females (see individual country list for marital age ranges), the global widows population is 9.1% of this group.

A notable global statistic on widows is that China and India together account of 35.2% of the total
Table 3.5: Widows’ Children 2010 and 2015

<table>
<thead>
<tr>
<th>Regions &amp; Global</th>
<th>Widows Children - 2010 Revised Data</th>
<th>Widows Children - 2015</th>
<th>Change in Widows Children 2010 to 2015</th>
<th>% Change in Widows Children</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sub-Saharan Africa</td>
<td>110,832,667</td>
<td>112,984,916</td>
<td>2,152,248</td>
<td>1.9%</td>
</tr>
<tr>
<td>East Asia &amp; Pacific</td>
<td>117,413,867</td>
<td>136,615,271</td>
<td>19,201,403</td>
<td>16.4%</td>
</tr>
<tr>
<td>Middle East &amp; North Africa</td>
<td>35,172,764</td>
<td>41,016,822</td>
<td>5,844,058</td>
<td>16.6%</td>
</tr>
<tr>
<td>Central Asia</td>
<td>9,393,912</td>
<td>9,432,937</td>
<td>39,025</td>
<td>0.4%</td>
</tr>
<tr>
<td>South Asia</td>
<td>148,408,939</td>
<td>146,345,530</td>
<td>-2,063,409</td>
<td>-1.4%</td>
</tr>
<tr>
<td>North America</td>
<td>28,704,119</td>
<td>27,703,805</td>
<td>-1,000,314</td>
<td>-3.5%</td>
</tr>
<tr>
<td>Caribbean</td>
<td>2,051,007</td>
<td>2,234,824</td>
<td>183,816</td>
<td>9.0%</td>
</tr>
<tr>
<td>Central America</td>
<td>9,279,570</td>
<td>9,940,526</td>
<td>660,956</td>
<td>7.1%</td>
</tr>
<tr>
<td>South America</td>
<td>24,654,267</td>
<td>26,570,471</td>
<td>1,916,204</td>
<td>7.8%</td>
</tr>
<tr>
<td>Europe &amp; Russia</td>
<td>66,971,298</td>
<td>71,729,257</td>
<td>4,757,959</td>
<td>7.1%</td>
</tr>
<tr>
<td>Global Total</td>
<td>552,882,412</td>
<td>584,574,358</td>
<td>31,691,946</td>
<td>5.7%</td>
</tr>
</tbody>
</table>

number widows worldwide in 2015, according to the Loomba Foundation estimates. Of the two countries, India is of much greater concern than China for widows well-being, as the level of education of the mass of the population is much lower than for China, extreme poverty is more widespread and deeper than in China – witness for example the widespread severe malnutrition in the state of Madhya Pradesh and extremely poor sanitation conditions, water resources are under increasing unsustainable demand, there is a possibility of an expanding HIV epidemic in India, and there is no mass employment in the formal sector as in China, India’s formal sector remains very small.

The table above provides data on widows’ children by region and globally, including revised 2010 data. The estimates show that the only regions that showed decreases in the numbers of widows’ children were South Asia and North America, all other regions showed increases, the largest increase was for East Asia and Pacific, followed closely by the Middle East and North Africa. Sub-Saharan Africa showed only a small increase, while globally, the number widows’ children increased by an estimated 5.7% by 2015. Globally, birth rates are falling across all regions based on analysis of the Total Fertility Rate (TFR).
### Table 3.6: Countries with One Million Widows or More – 2015 Widows Estimates

<table>
<thead>
<tr>
<th>Country</th>
<th>Widows</th>
<th>Marital Age Female Population</th>
<th>Country</th>
<th>Widows</th>
<th>Marital Age Female Population</th>
</tr>
</thead>
<tbody>
<tr>
<td>1   India</td>
<td>46,457,516</td>
<td>504,973,000</td>
<td>21  Korea, South</td>
<td>2,787,174</td>
<td>21,606,000</td>
</tr>
<tr>
<td>2   China</td>
<td>44,590,560</td>
<td>557,382,000</td>
<td>22  Philippines</td>
<td>2,636,634</td>
<td>34,242,000</td>
</tr>
<tr>
<td>3   USA</td>
<td>12,883,200</td>
<td>134,200,000</td>
<td>23  Ethiopia</td>
<td>2,560,680</td>
<td>35,565,000</td>
</tr>
<tr>
<td>4   Russia</td>
<td>11,607,558</td>
<td>65,211,000</td>
<td>24  Spain</td>
<td>2,437,560</td>
<td>20,313,000</td>
</tr>
<tr>
<td>5   Indonesia</td>
<td>9,550,980</td>
<td>103,815,000</td>
<td>25  Myanmar</td>
<td>2,391,424</td>
<td>21,352,000</td>
</tr>
<tr>
<td>6   Japan</td>
<td>7,838,318</td>
<td>57,214,000</td>
<td>26  Afghanistan</td>
<td>2,350,881</td>
<td>11,037,000</td>
</tr>
<tr>
<td>7   Brazil</td>
<td>6,937,554</td>
<td>88,943,000</td>
<td>27  Nigeria</td>
<td>2,145,605</td>
<td>61,303,000</td>
</tr>
<tr>
<td>8   Germany</td>
<td>4,856,808</td>
<td>36,794,000</td>
<td>28  Congo, Dem. Rep.</td>
<td>2,083,435</td>
<td>24,511,000</td>
</tr>
<tr>
<td>9   Bangladesh</td>
<td>4,194,125</td>
<td>64,525,000</td>
<td>29  Argentina</td>
<td>1,690,520</td>
<td>16,905,200</td>
</tr>
<tr>
<td>10  Pakistan</td>
<td>4,051,845</td>
<td>71,085,000</td>
<td>30  Korea, North</td>
<td>1,599,156</td>
<td>10,251,000</td>
</tr>
<tr>
<td>11  Ukraine</td>
<td>4,000,128</td>
<td>20,834,000</td>
<td>31  South Africa</td>
<td>1,485,993</td>
<td>22,179,000</td>
</tr>
<tr>
<td>12  Vietnam</td>
<td>3,943,518</td>
<td>37,203,000</td>
<td>32  Romania</td>
<td>1,479,348</td>
<td>9,483,000</td>
</tr>
<tr>
<td>13  Italy</td>
<td>3,895,177</td>
<td>27,239,000</td>
<td>33  Kenya</td>
<td>1,424,689</td>
<td>12,281,800</td>
</tr>
<tr>
<td>14  France</td>
<td>3,385,134</td>
<td>27,747,000</td>
<td>34  Canada</td>
<td>1,397,112</td>
<td>15,186,000</td>
</tr>
<tr>
<td>15  Mexico</td>
<td>3,226,766</td>
<td>48,890,400</td>
<td>35  Colombia</td>
<td>1,331,648</td>
<td>20,807,000</td>
</tr>
<tr>
<td>16  Turkey</td>
<td>3,144,914</td>
<td>29,669,000</td>
<td>36  Morocco</td>
<td>1,263,712</td>
<td>12,512,000</td>
</tr>
<tr>
<td>17  Egypt</td>
<td>3,065,400</td>
<td>28,648,600</td>
<td>37  Uzbekistan</td>
<td>1,202,463</td>
<td>10,833,000</td>
</tr>
<tr>
<td>18  Thailand</td>
<td>3,039,901</td>
<td>29,513,600</td>
<td>38  Algeria</td>
<td>1,011,990</td>
<td>14,457,000</td>
</tr>
<tr>
<td>19  Iran</td>
<td>2,894,496</td>
<td>32,892,000</td>
<td>39  Iraq</td>
<td>1,006,060</td>
<td>12,121,200</td>
</tr>
<tr>
<td>20  United Kingdom</td>
<td>2,819,670</td>
<td>26,854,000</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Because of the difficulty in estimating precisely the number of children of widows, the total fertility rate for each region has been multiplied by the total number of widows to produce estimates for each region. Because the entire age range of widows is being used, in particular older and elderly widows make up the largest shares of widows in all countries, the following definition of widows’ children has been used for the data above: widows’ children are defined
here as children under 18 years of age, and “grown up”, children of widows who are now adults. The data above are there not only for children as normally defined (under age 18), as such, the data is interpreted as showing the scale of individuals directly affected by the widows issue – discrimination, poverty and other severe deprivation. This measure of widows’ children is used to draw attention to the potential lifetime impact of all children of widows whose widowed mothers faced difficult and often severe conditions that also impacted their children.

Table 3.6 shows all countries with one million or more widows in their female populations as of 2015. This data is produced by using the most recent data on the percentage of widowed females in the female population of marital age for each country. Countries use different lower age limits for marital status in their census and survey data, the ranges used are: 10+, 12+, 14+, 15+, 16+,

<table>
<thead>
<tr>
<th>Country</th>
<th>Widows Numbers</th>
<th>Marital Age Female Population</th>
<th>Marital Age Population Age Range</th>
<th>Percentage of widows of female marital age population</th>
</tr>
</thead>
<tbody>
<tr>
<td>Afghanistan</td>
<td>2,350,881</td>
<td>11,037,000</td>
<td>10+</td>
<td>21.3%</td>
</tr>
<tr>
<td>Ukraine</td>
<td>4,000,128</td>
<td>20,834,000</td>
<td>15+</td>
<td>19.2%</td>
</tr>
<tr>
<td>Belarus</td>
<td>783,104</td>
<td>4,256,000</td>
<td>15+</td>
<td>18.4%</td>
</tr>
<tr>
<td>Lesotho</td>
<td>127,734</td>
<td>698,000</td>
<td>10+</td>
<td>18.3%</td>
</tr>
<tr>
<td>Bosnia-Herzegovina</td>
<td>306,488</td>
<td>1,684,000</td>
<td>15+</td>
<td>18.2%</td>
</tr>
<tr>
<td>Bulgaria</td>
<td>578,032</td>
<td>3,176,000</td>
<td>15+</td>
<td>18.2%</td>
</tr>
<tr>
<td>Croatia</td>
<td>345,800</td>
<td>1,900,000</td>
<td>15+</td>
<td>18.2%</td>
</tr>
<tr>
<td>Lithuania</td>
<td>253,526</td>
<td>1,393,000</td>
<td>15+</td>
<td>18.2%</td>
</tr>
<tr>
<td>Hungary</td>
<td>812,147</td>
<td>4,487,000</td>
<td>15+</td>
<td>18.1%</td>
</tr>
<tr>
<td>Russia</td>
<td>11,607,558</td>
<td>65,211,000</td>
<td>15+</td>
<td>17.8%</td>
</tr>
<tr>
<td>Serbia</td>
<td>716,100</td>
<td>4,092,000</td>
<td>15+</td>
<td>17.5%</td>
</tr>
<tr>
<td>Georgia</td>
<td>329,046</td>
<td>1,902,000</td>
<td>15+</td>
<td>17.3%</td>
</tr>
<tr>
<td>Latvia</td>
<td>153,252</td>
<td>946,000</td>
<td>15+</td>
<td>16.2%</td>
</tr>
<tr>
<td>Korea, North</td>
<td>1,599,156</td>
<td>10,251,000</td>
<td>15+</td>
<td>15.6%</td>
</tr>
<tr>
<td>Moldova</td>
<td>237,900</td>
<td>1,525,000</td>
<td>15+</td>
<td>15.6%</td>
</tr>
<tr>
<td>Country</td>
<td>Population</td>
<td>Area (km²)</td>
<td>% of Population 15+</td>
<td>Population Growth Rate %</td>
</tr>
<tr>
<td>------------------</td>
<td>------------</td>
<td>------------</td>
<td>----------------------</td>
<td>--------------------------</td>
</tr>
<tr>
<td>Poland</td>
<td>531,648</td>
<td>3,408,000</td>
<td>15+</td>
<td>15.6%</td>
</tr>
<tr>
<td>Romania</td>
<td>1,479,348</td>
<td>9,483,000</td>
<td>15+</td>
<td>15.6%</td>
</tr>
<tr>
<td>Estonia</td>
<td>89,352</td>
<td>584,000</td>
<td>15+</td>
<td>15.3%</td>
</tr>
<tr>
<td>Montenegro</td>
<td>39,260</td>
<td>260,000</td>
<td>15+</td>
<td>15.1%</td>
</tr>
<tr>
<td>Greece</td>
<td>711,774</td>
<td>4,842,000</td>
<td>15+</td>
<td>14.7%</td>
</tr>
<tr>
<td>Italy</td>
<td>3,895,177</td>
<td>27,239,000</td>
<td>15+</td>
<td>14.3%</td>
</tr>
<tr>
<td>Comoros</td>
<td>28,343</td>
<td>198,200</td>
<td>18+</td>
<td>14.3%</td>
</tr>
<tr>
<td>Armenia</td>
<td>166,105</td>
<td>1,195,000</td>
<td>15+</td>
<td>13.9%</td>
</tr>
<tr>
<td>Mauritius</td>
<td>69,345</td>
<td>498,942</td>
<td>15+</td>
<td>13.9%</td>
</tr>
<tr>
<td>Slovakia</td>
<td>331,200</td>
<td>2,400,000</td>
<td>15+</td>
<td>13.8%</td>
</tr>
<tr>
<td>Japan</td>
<td>7,838,318</td>
<td>57,214,000</td>
<td>15+</td>
<td>13.7%</td>
</tr>
<tr>
<td>Czech Republic</td>
<td>633,760</td>
<td>4,660,000</td>
<td>15+</td>
<td>13.6%</td>
</tr>
<tr>
<td>Slovenia</td>
<td>121,230</td>
<td>898,000</td>
<td>15+</td>
<td>13.5%</td>
</tr>
<tr>
<td>Germany</td>
<td>4,856,808</td>
<td>36,794,000</td>
<td>15+</td>
<td>13.2%</td>
</tr>
<tr>
<td>Korea, South</td>
<td>2,787,174</td>
<td>21,606,000</td>
<td>15+</td>
<td>12.9%</td>
</tr>
<tr>
<td>Zimbabwe</td>
<td>608,106</td>
<td>4,714,000</td>
<td>15+</td>
<td>12.9%</td>
</tr>
<tr>
<td>Austria</td>
<td>486,588</td>
<td>3,772,000</td>
<td>15+</td>
<td>12.9%</td>
</tr>
<tr>
<td>Finland</td>
<td>299,008</td>
<td>2,336,000</td>
<td>15+</td>
<td>12.8%</td>
</tr>
<tr>
<td>Kazakhstan</td>
<td>832,358</td>
<td>6,554,000</td>
<td>15+</td>
<td>12.7%</td>
</tr>
<tr>
<td>Chad</td>
<td>385,293</td>
<td>3,107,200</td>
<td>18+</td>
<td>12.4%</td>
</tr>
<tr>
<td>France</td>
<td>3,385,134</td>
<td>27,747,000</td>
<td>15+</td>
<td>12.2%</td>
</tr>
<tr>
<td>Belgium</td>
<td>573,355</td>
<td>4,755,000</td>
<td>15+</td>
<td>12.1%</td>
</tr>
<tr>
<td>Spain</td>
<td>2,437,560</td>
<td>20,313,000</td>
<td>15+</td>
<td>12.0%</td>
</tr>
<tr>
<td>Djibouti</td>
<td>35,000</td>
<td>299,000</td>
<td>10+</td>
<td>11.7%</td>
</tr>
<tr>
<td>Kenya</td>
<td>1,424,689</td>
<td>12,281,800</td>
<td>18+</td>
<td>11.6%</td>
</tr>
<tr>
<td>Country</td>
<td>Population</td>
<td>Estimate</td>
<td>Age</td>
<td>Percentage</td>
</tr>
<tr>
<td>-------------------</td>
<td>------------</td>
<td>----------</td>
<td>-----</td>
<td>------------</td>
</tr>
<tr>
<td>Uruguay</td>
<td>167,941</td>
<td>1,486,200</td>
<td>12+</td>
<td>11.3%</td>
</tr>
<tr>
<td>Turkmenistan</td>
<td>226,941</td>
<td>1,985,000</td>
<td>15+</td>
<td>11.3%</td>
</tr>
<tr>
<td>Myanmar</td>
<td>2,391,424</td>
<td>21,352,000</td>
<td>15+</td>
<td>11.2%</td>
</tr>
<tr>
<td>Tuvalu</td>
<td>351</td>
<td>3,136</td>
<td>15+</td>
<td>11.2%</td>
</tr>
<tr>
<td>Uzbekistan</td>
<td>1,202,463</td>
<td>10,833,000</td>
<td>15+</td>
<td>11.1%</td>
</tr>
<tr>
<td>Rwanda</td>
<td>492,571</td>
<td>4,519,000</td>
<td>12+</td>
<td>10.9%</td>
</tr>
<tr>
<td>Kyrgyzstan</td>
<td>218,916</td>
<td>2,027,000</td>
<td>15+</td>
<td>10.8%</td>
</tr>
<tr>
<td>Luxembourg</td>
<td>24,289</td>
<td>227,000</td>
<td>15+</td>
<td>10.7%</td>
</tr>
<tr>
<td>Azerbaijan</td>
<td>410,773</td>
<td>3,839,000</td>
<td>15+</td>
<td>10.7%</td>
</tr>
<tr>
<td>Egypt</td>
<td>3,065,400</td>
<td>28,648,600</td>
<td>16+</td>
<td>10.7%</td>
</tr>
<tr>
<td>Turkey</td>
<td>3,144,914</td>
<td>29,669,000</td>
<td>15+</td>
<td>10.6%</td>
</tr>
<tr>
<td>Vietnam</td>
<td>3,943,518</td>
<td>37,203,000</td>
<td>15+</td>
<td>10.6%</td>
</tr>
<tr>
<td>Macedonia</td>
<td>92,925</td>
<td>885,000</td>
<td>15+</td>
<td>10.5%</td>
</tr>
<tr>
<td>United Kingdom</td>
<td>2,819,670</td>
<td>26,854,000</td>
<td>16+</td>
<td>10.5%</td>
</tr>
<tr>
<td>Thailand</td>
<td>3,039,901</td>
<td>29,513,600</td>
<td>13+</td>
<td>10.3%</td>
</tr>
<tr>
<td>Cote d'Ivoire</td>
<td>553,982</td>
<td>5,431,200</td>
<td>18+</td>
<td>10.2%</td>
</tr>
<tr>
<td>Morocco</td>
<td>1,263,712</td>
<td>12,512,000</td>
<td>15+</td>
<td>10.1%</td>
</tr>
<tr>
<td>Argentina</td>
<td>1,690,520</td>
<td>16,905,200</td>
<td>14+</td>
<td>10.0%</td>
</tr>
</tbody>
</table>

and 18+. A standard age of 15+ is being adopted more and more and represents a statistical convention only, not social practice on marriage or legal minimum age of marriage: population data are ordered by five year age cohorts from 0-4, 5-9, 10-14, 15-19, 20-24 etc..

Table 3.6 also shows the countries with the highest numbers widows. At the time of the 2010 Loomba Foundation global report on widows, the country with the highest estimated number of widows was China, with India in second place; by 2015 the positions had changed with India as the country with the highest number of widows in the world at 46,457,516 with China with an estimated 44,590,560 widowed females. In 2015, the USA, Russia and Indonesia composed the rest of the top five countries with the highest numbers of widows. There was a total of 39 countries with one million widows or more in 2015; there were only five Sub-Saharan African
countries in this group of countries (17).

Table 3.7 shows the rank order for 2015 of countries with the highest percentage of widows in their corresponding female marital status age group. There are 58 countries where widows make up 10% or more of the female marital age population. Afghanistan, as in the 2010 global report on widows, was the country with the highest percentage of widows, although the data on widows and marital status for Afghanistan is highly speculative, and therefore not used here with a high degree of confidence. Countries with widows data that likely under-represents the true number of widows are Iraq and Syria, due to the dates of their last available data which both predate the 2003-13 conflict period, and the 2011 to present civil war. The previous global report on widows used a higher percentage of widows at around 27%, this statistic was in error, the current percentage of 21.3% is the correct figure based on the number of widows used. Afghanistan in 2015 at 21.3%, is followed closely by Ukraine with 19.2%.

The important feature of this data is that countries with high percentages of widows in their female populations of marital age are almost entirely high income and medium income countries, not low income countries. This is the result of a combination of factors: life expectancy, previous participation in the Second World War (applies to specific set of countries in Europe, Russia, North America and East Asia), remarriage social norms, and government social safety nets. The data shows that by contrast, countries with high rates of poverty, lower life expectancy and strong social norms that are pro-remarriage have lower percentages of widows in their female populations of marital age. Note however that this set of factors do not hold for all such countries, for example, South Asian countries have high poverty rates but remarriage after becoming a widow is not widely practiced.

Table 3.8 provides data from the 2010 Global Widows Report that shows the most valuable information about widows from a policy perspective (Table 3.3 in the 2010 report). The cohort analysis reveals the percentage of widows made up by each of five year age range. While small in percentage terms, child widowhood still persists because child marriage is still common in certain regions. In India, the state of Rajasthan is regularly in the news with child marriages, many under age 10, although very early marriage is reported in part of the state of Uttar Pradesh from between two and four years of age; underage marriage also occurs in other parts of India, for example, more common are early marriages in the female age range 12-16 (18). Table 3.8 also indicates that child marriages and child widowhood also occur in Europe.

Other significant features of Table 3.8 are comparisons of widows in the child bearing age range

17 Data on remarried widows is not collected in censuses and other regular surveys, therefore the actual number of women who have been widows (i.e. women who have ever been widowed, referred to as “ever widowed”) is significantly higher than the figure presented here; the current report by the Loomba Foundation provides the only systematically calculated up to date estimate of widows that exists in print. Owen (1996: 1-4) also makes the point about data collection methods and ever widowed as well. An estimation methodology for estimating widow remarriage is Bhat et al (1984). See appendix for individual country data tables on widows totals per country for precise ages ranges for individual countries used. These age ranges are set by national statistics departments.

18 See for example, Jha et al (2005: 229), including Uttar Pradesh data for marriage ages 2-4 years.
<table>
<thead>
<tr>
<th>Region, Percent of age group</th>
<th>Under 15 years</th>
<th>15-19</th>
<th>15-49</th>
<th>15-59</th>
<th>60+</th>
</tr>
</thead>
<tbody>
<tr>
<td>North Africa</td>
<td>0.02</td>
<td>0.1</td>
<td>18.1</td>
<td>40.0</td>
<td>60.0</td>
</tr>
<tr>
<td>Middle East</td>
<td>0.06</td>
<td>1.0</td>
<td>28.7</td>
<td>41.9</td>
<td>56.1</td>
</tr>
<tr>
<td>Sub-Saharan Africa (all countries)</td>
<td>0.1</td>
<td>0.5</td>
<td>24.5</td>
<td>43.6</td>
<td>55.8</td>
</tr>
<tr>
<td>Sub-Saharan Africa AIDS crisis countries</td>
<td>0.1</td>
<td>0.7</td>
<td>28.6</td>
<td>46.8</td>
<td>52.3</td>
</tr>
<tr>
<td>Sub-Saharan Africa non-AIDS crisis</td>
<td>0.1</td>
<td>0.4</td>
<td>21.9</td>
<td>41.7</td>
<td>58.0</td>
</tr>
<tr>
<td>Central Asia</td>
<td>0</td>
<td>0.1</td>
<td>16.8</td>
<td>27.5</td>
<td>69.9</td>
</tr>
<tr>
<td>South Asia</td>
<td>0.1</td>
<td>1.3</td>
<td>36.2</td>
<td>54.1</td>
<td>45.7</td>
</tr>
<tr>
<td>East Asia and Pacific</td>
<td>0.01</td>
<td>0.2</td>
<td>14.0</td>
<td>34.3</td>
<td>65.5</td>
</tr>
<tr>
<td>South East Asia</td>
<td>0.01</td>
<td>0.2</td>
<td>20.0</td>
<td>39.5</td>
<td>60.4</td>
</tr>
<tr>
<td>North East Asia</td>
<td>0</td>
<td>0.01</td>
<td>10.9</td>
<td>26.1</td>
<td>73.9</td>
</tr>
<tr>
<td>Advanced East Asia</td>
<td>0.006</td>
<td>0.02</td>
<td>8.1</td>
<td>22.1</td>
<td>77.9</td>
</tr>
<tr>
<td>Pacific Islands</td>
<td>0</td>
<td>0.3</td>
<td>10.6</td>
<td>40.5</td>
<td>59.3</td>
</tr>
<tr>
<td>Anglo Pacific Islands</td>
<td>0</td>
<td>0.08</td>
<td>4.8</td>
<td>13.0</td>
<td>86.7</td>
</tr>
<tr>
<td>Caribbean</td>
<td>0</td>
<td>0.2</td>
<td>10.1</td>
<td>24.2</td>
<td>75.7</td>
</tr>
<tr>
<td>North America</td>
<td>0</td>
<td>0.1</td>
<td>5.2</td>
<td>13.1</td>
<td>86.9</td>
</tr>
<tr>
<td>Central America</td>
<td>0</td>
<td>0.2</td>
<td>17.2</td>
<td>33.6</td>
<td>66.4</td>
</tr>
<tr>
<td>South America</td>
<td>0.04</td>
<td>0.2</td>
<td>13.6</td>
<td>29.2</td>
<td>70.8</td>
</tr>
<tr>
<td>Europe (all) incl. Russia</td>
<td>0.001</td>
<td>0.02</td>
<td>7.6</td>
<td>18.4</td>
<td>81.5</td>
</tr>
<tr>
<td>West Europe</td>
<td>0.001</td>
<td>0.01</td>
<td>3.8</td>
<td>11.6</td>
<td>88.4</td>
</tr>
<tr>
<td>Scandinavia (Europe)</td>
<td>0</td>
<td>0.001</td>
<td>2.6</td>
<td>9.3</td>
<td>90.7</td>
</tr>
<tr>
<td>Eastern Europe incl. Russia</td>
<td>0.001</td>
<td>0.02</td>
<td>10.6</td>
<td>23.8</td>
<td>76.1</td>
</tr>
<tr>
<td>OECD High Income countries</td>
<td>0.001</td>
<td>0.02</td>
<td>4.5</td>
<td>12.8</td>
<td>87.1</td>
</tr>
<tr>
<td>Least Developed Countries</td>
<td>0.1</td>
<td>1.0</td>
<td>31.5</td>
<td>51.1</td>
<td>48.5</td>
</tr>
</tbody>
</table>

Table Note: data in table use un-weighted average. Data for most recent year accessible at time of writing in 2009. Data source: censuses and UN population data.

15-49, between Sub-Saharan African HIV/AIDS crisis and non-crisis countries, and between Europe (including Russia) and North America.

From the point of view of policy and prioritising action on widows’ deprivation, looking again at Table 3.8, it is significant to observe that the category of Least Developed Countries (LDCs), which the UN has identified as the 49 poorest or most underdeveloped countries, have the largest percentage of widows of child bearing age, at over 31 percent. Also of policy significance, the LDCs have the highest percentage of widows under age sixty (in fact more are under age sixty
Table 3.9: Top 20 Countries with the Highest Number of Widows, 2010 Report

<table>
<thead>
<tr>
<th>Country</th>
<th>Region</th>
<th>Total Number Widows</th>
<th>Widows % of Corresponding Female Population</th>
</tr>
</thead>
<tbody>
<tr>
<td>China</td>
<td>North East Asia</td>
<td>43,044,943</td>
<td>8.1</td>
</tr>
<tr>
<td>India</td>
<td>South Asia</td>
<td>42,395,063</td>
<td>9.1</td>
</tr>
<tr>
<td>USA</td>
<td>North America</td>
<td>13,593,000</td>
<td>10.5</td>
</tr>
<tr>
<td>Indonesia</td>
<td>South East Asia</td>
<td>9,448,286</td>
<td>8.1</td>
</tr>
<tr>
<td>Japan</td>
<td>North East Asia</td>
<td>7,398,791</td>
<td>13.0</td>
</tr>
<tr>
<td>Russia</td>
<td>Europe/Asia</td>
<td>7,071,647</td>
<td>11.0</td>
</tr>
<tr>
<td>Brazil</td>
<td>South America</td>
<td>5,569,586</td>
<td>6.7</td>
</tr>
<tr>
<td>Germany</td>
<td>Western Europe</td>
<td>5,111,621</td>
<td>14.0</td>
</tr>
<tr>
<td>Bangladesh</td>
<td>South Asia</td>
<td>4,728,275</td>
<td>7.3</td>
</tr>
<tr>
<td>Vietnam</td>
<td>South East Asia</td>
<td>4,685,716</td>
<td>10.4</td>
</tr>
<tr>
<td>Pakistan</td>
<td>South Asia</td>
<td>4,333,759</td>
<td>7.6</td>
</tr>
<tr>
<td>Ukraine</td>
<td>Eastern Europe</td>
<td>4,107,635</td>
<td>19.0</td>
</tr>
<tr>
<td>Italy</td>
<td>Western Europe</td>
<td>4,034,769</td>
<td>15.0</td>
</tr>
<tr>
<td>France</td>
<td>Western Europe</td>
<td>3,456,183</td>
<td>13.0</td>
</tr>
<tr>
<td>Egypt</td>
<td>North Africa</td>
<td>3,446,855</td>
<td>12.0</td>
</tr>
<tr>
<td>Nigeria</td>
<td>Sub-Saharan</td>
<td>3,531,682</td>
<td>7.7</td>
</tr>
<tr>
<td>UK</td>
<td>Western Europe</td>
<td>3,284,886</td>
<td>13.0</td>
</tr>
<tr>
<td>Thailand</td>
<td>South East Asia</td>
<td>3,065,182</td>
<td>8.8</td>
</tr>
<tr>
<td>Philippines</td>
<td>South East Asia</td>
<td>2,901,402</td>
<td>6.2</td>
</tr>
<tr>
<td>Mexico</td>
<td>Central America</td>
<td>2,898,346</td>
<td>6.6</td>
</tr>
</tbody>
</table>

Table Note: data source, Loomba Foundation 2010 report estimates. Data are in millions and percentages as shown per individual country indicated in “Country” column. “Region” above indicates the regional group in which a country sits. The data is based on unrevised data for 2010.

than above, unlike the rest of the world). LDCs also have the highest percentage of widows in all age groups, with the exception of South Asia.
Table 3.10: Countries with Highest Percent of Widows of Female Marital Age Group, 2010

<table>
<thead>
<tr>
<th>Country</th>
<th>Percent</th>
<th>Country</th>
<th>Percent</th>
<th>Country</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ghana</td>
<td>7.0</td>
<td>Guinea</td>
<td>8.5</td>
<td>Norway</td>
<td>12.0</td>
</tr>
<tr>
<td>Palestine</td>
<td>7.0</td>
<td>Guinea-</td>
<td>8.5</td>
<td>Poland</td>
<td>12.0</td>
</tr>
<tr>
<td>Peru</td>
<td>7.0</td>
<td>Liberia</td>
<td>8.5</td>
<td>Portugal</td>
<td>12.0</td>
</tr>
<tr>
<td>Tanzania</td>
<td>7.0</td>
<td>Somalia</td>
<td>8.5</td>
<td>Slovenia</td>
<td>12.0</td>
</tr>
<tr>
<td>Zimbabwe</td>
<td>7.0</td>
<td>Thailand</td>
<td>8.8</td>
<td>Spain</td>
<td>12.0</td>
</tr>
<tr>
<td>Cote d'Ivoire</td>
<td>7.2</td>
<td>Tunisia</td>
<td>8.8</td>
<td>Georgia</td>
<td>12.8</td>
</tr>
<tr>
<td>El Salvador</td>
<td>7.2</td>
<td>Albania</td>
<td>9.0</td>
<td>Austria</td>
<td>13.0</td>
</tr>
<tr>
<td>Malaysia</td>
<td>7.2</td>
<td>Palau</td>
<td>9.1</td>
<td>Denmark</td>
<td>13.0</td>
</tr>
<tr>
<td>Senegal</td>
<td>7.2</td>
<td>India</td>
<td>9.1</td>
<td>France</td>
<td>13.0</td>
</tr>
<tr>
<td>Turkey</td>
<td>7.2</td>
<td>Cyprus</td>
<td>9.2</td>
<td>Iceland</td>
<td>13.0</td>
</tr>
<tr>
<td>Bangladesh</td>
<td>7.3</td>
<td>Taiwan</td>
<td>9.2</td>
<td>Japan</td>
<td>13.0</td>
</tr>
<tr>
<td>Bolivia</td>
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<td>New Zealand</td>
<td>9.4</td>
<td>Luxembourg</td>
<td>13.0</td>
</tr>
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<td>Maldives</td>
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<td>Australia</td>
<td>9.7</td>
<td>Mauritius</td>
<td>13.0</td>
</tr>
<tr>
<td>Libya</td>
<td>7.4</td>
<td>Canada</td>
<td>9.7</td>
<td>Monaco</td>
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</tr>
<tr>
<td>Micronesia</td>
<td>7.4</td>
<td>Oman</td>
<td>9.7</td>
<td>UK</td>
<td>13.0</td>
</tr>
<tr>
<td>Namibia</td>
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<td>Chad</td>
<td>9.8</td>
<td>Germany</td>
<td>14.0</td>
</tr>
<tr>
<td>CAR</td>
<td>7.6</td>
<td>Mongolia</td>
<td>9.9</td>
<td>Greece</td>
<td>14.0</td>
</tr>
<tr>
<td>Pakistan</td>
<td>7.6</td>
<td>Ireland</td>
<td>10.0</td>
<td>Rwanda</td>
<td>14.0</td>
</tr>
<tr>
<td>Saudi Arabia</td>
<td>7.6</td>
<td>Israel</td>
<td>10.3</td>
<td>Kazakhstan</td>
<td>14.7</td>
</tr>
<tr>
<td>Laos</td>
<td>7.7</td>
<td>North Korea</td>
<td>10.3</td>
<td>Czech</td>
<td>15.0</td>
</tr>
<tr>
<td>Mauritania</td>
<td>7.7</td>
<td>South Korea</td>
<td>10.3</td>
<td>Italy</td>
<td>15.0</td>
</tr>
<tr>
<td>Nigeria</td>
<td>7.7</td>
<td>USA</td>
<td>10.5</td>
<td>Macedonia</td>
<td>15.0</td>
</tr>
<tr>
<td>Chile</td>
<td>7.9</td>
<td>Argentina</td>
<td>10.7</td>
<td>Malta</td>
<td>15.0</td>
</tr>
<tr>
<td>Mozambique</td>
<td>7.9</td>
<td>Burkina Faso</td>
<td>10.7</td>
<td>Moldova</td>
<td>15.0</td>
</tr>
<tr>
<td>Gabon</td>
<td>8.0</td>
<td>Netherlands</td>
<td>11.0</td>
<td>Slovakia</td>
<td>15.0</td>
</tr>
<tr>
<td>China</td>
<td>8.1</td>
<td>Russia</td>
<td>11.0</td>
<td>Bosnia</td>
<td>16.0</td>
</tr>
<tr>
<td>Ethiopia</td>
<td>8.1</td>
<td>Sweden</td>
<td>11.0</td>
<td>Estonia</td>
<td>16.0</td>
</tr>
<tr>
<td>Indonesia</td>
<td>8.1</td>
<td>Switzerland</td>
<td>11.0</td>
<td>Belarus</td>
<td>17.0</td>
</tr>
<tr>
<td>Myanmar</td>
<td>8.1</td>
<td>Uzbekistan</td>
<td>11.1</td>
<td>Hungary</td>
<td>17.0</td>
</tr>
<tr>
<td>Sierra Leone</td>
<td>8.1</td>
<td>Turkmenistan</td>
<td>11.5</td>
<td>Lithuania</td>
<td>17.0</td>
</tr>
<tr>
<td>Iraq</td>
<td>8.3</td>
<td>Kyrgyzstan</td>
<td>11.9</td>
<td>Romania</td>
<td>17.0</td>
</tr>
<tr>
<td>Mali</td>
<td>8.3</td>
<td>Uruguay</td>
<td>11.9</td>
<td>Croatia</td>
<td>18.0</td>
</tr>
<tr>
<td>Morocco</td>
<td>8.4</td>
<td>Azerbaijan</td>
<td>12.0</td>
<td>Serbia-</td>
<td>18.0</td>
</tr>
<tr>
<td>Singapore</td>
<td>8.4</td>
<td>Belgium</td>
<td>12.0</td>
<td>Ukraine</td>
<td>19.0</td>
</tr>
<tr>
<td>Angola</td>
<td>8.5</td>
<td>Egypt</td>
<td>12.0</td>
<td>Afghanistan</td>
<td>27.5</td>
</tr>
<tr>
<td>Congo DR</td>
<td>8.5</td>
<td>Finland</td>
<td>12.0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Eritrea</td>
<td>8.5</td>
<td>Latvia</td>
<td>12.0</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
4: Causes of Widowhood: Developed and Developing Countries

High levels of poverty, preventable disease and conflict are the primary causes of premature male death in developing countries (19), so creating the greatest number of widows who are least able to cope with the material consequences of the death of a husband or partner. The fact that premature male death is so high in developing countries is therefore a major personal economic and social status concern for women of all ages, but especially younger women and married girls. For developed countries, given the age structure of widows shows that most widows are retirement age or elderly women, the factors that determine life expectancy differences between men and women in this age range are the main cause of widowhood. Large numbers of elderly widows in developed countries are a significant concern, given that many will have depended economically on their husbands, the most significant issues for their age group being health problems and health expenses.

4.1: Global Death Patterns

Premature deaths are defined as those in the age range 15-59 years (20). With respect to widows, the younger end of this age range is valid given the higher rate of teenage marriage in large numbers of countries. Statistically, premature deaths in men are of direct interest to any study.

The following model presents the determinants of the number of widows (stock of widows), which can be used for a country, region, or the world.

Figure 4.1: Widows Incidence Model

<table>
<thead>
<tr>
<th>Marriage</th>
<th>Stock of Widows</th>
<th>Duration</th>
</tr>
</thead>
<tbody>
<tr>
<td>↑ 1) % women who marry</td>
<td>1) who is counted as part of stock depends on data available (two possible widows data types are: “Widowed and Not Re-married”; and Widowed and Re-married)</td>
<td>↑ 1) Mortality rates of women and men (life expectancy)</td>
</tr>
<tr>
<td>2) women’s age at marriage</td>
<td>2) re-marriage of women</td>
<td></td>
</tr>
<tr>
<td>3) husbands’ age difference</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4) divorce</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

19 Lee (2004: 1) and Chant (1997: 92) make this point as well.
20 The Global Burden of Disease (GBD) studies began with data for 1990, with the most recent study providing data for 2001. This study series is published by The World Bank, which works closely with other international health bodies in the production of these studies. For the limitations of life expectancy as a measure of health and development, see the Glossary. Premature death measure (ages 15-60), Lopez et al, authors of GBD (2006: 27).
of widowhood focusing on causes and consequences, because, as indicated by the widows’ incidence model (below), the age difference in marriage and in life expectancy between men determine the number of widows in a population at any one time. Qualitatively, the age range in which women become widows is of paramount interest for the formulation and targeting of social protection policies and concrete assistance, because the needs of widows vary dramatically with age. Age can be analysed in terms of status categories of widows, of which there are four: 1) child widows without their own children, 2) widows with young children under the age of 18, 3) widows who are not yet elderly (especially those in the reproductive age range below age 50) with adult children, and 4) elderly widows, including elderly widows who are no longer economically productive.

Table 4.1 Premature Deaths by Sex and 15-59 age group, Percentage, 1990 and 2001

<table>
<thead>
<tr>
<th></th>
<th>East Asia, Pacific</th>
<th>Eastern Europe, Central Asia</th>
<th>Latin America, Caribbean</th>
<th>M. East, North Africa</th>
<th>South Asia</th>
<th>Sub-Saharan Africa</th>
<th>Low-, Middle-income</th>
<th>High-income</th>
<th>World</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1990</td>
<td>21.50</td>
<td>28.60</td>
<td>24.50</td>
<td>24.70</td>
<td>31.00</td>
<td>38.60</td>
<td>26.90</td>
<td>14.80</td>
<td>24.50</td>
</tr>
<tr>
<td>Female</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1990</td>
<td>15.20</td>
<td>12.50</td>
<td>13.80</td>
<td>17.40</td>
<td>24.30</td>
<td>26.50</td>
<td>18.20</td>
<td>7.40</td>
<td>16.10</td>
</tr>
<tr>
<td>2001</td>
<td>12.70</td>
<td>13.30</td>
<td>12.40</td>
<td>14.40</td>
<td>22.60</td>
<td>43.70</td>
<td>19.10</td>
<td>6.50</td>
<td>16.80</td>
</tr>
</tbody>
</table>

Table Note: data source is Lopez et al (2006), The World Bank.

The only available comprehensive data that give a clear global picture of mortality trends by sex and age are shown in Table 4.1: this shows the percentage of deaths for males and females that occur in the age range 15-59. The Global Burden of Disease (GBD) study from which these data come revealed: “low- and middle-income countries account for a comparatively large number of deaths at young and middle adult ages: 30 percent of all deaths occur at ages 15 to 59, compared with 15 percent in high-income countries.” This difference is caused by greater incidence in low- and middle-income (i.e. developing) countries of preventable diseases, defined as “communicable diseases, maternal and perinatal conditions, and nutritional deficiencies,” which the GBD study termed “Group-I” causes of death. Nearly all Group-I deaths are in low- and middle-income countries as revealed in Table 4.1. In addition, preventable non-communicable diseases such as those caused by parasites, which are made possible for example by inadequate housing, compound the effects of malnutrition and make infectious diseases much more likely to kill (21).

The total number of deaths globally was 56 million in 2001. Of these, 10.5 million or 18.8 percent, were deaths of children under five years of age, of which four million children died before one

---

21 Hotez (2010).
Table 4.2: Percent of Male Deaths by Age Range of Total Male Deaths, 2005-2010

<table>
<thead>
<tr>
<th>Source</th>
<th>Region</th>
<th>Percent of Male Deaths by Age Range of Total Male Deaths</th>
<th>Age Ranges</th>
<th>Period</th>
<th>0-19</th>
<th>20-64</th>
<th>65+</th>
</tr>
</thead>
<tbody>
<tr>
<td>Estimates</td>
<td>More developed regions</td>
<td></td>
<td></td>
<td>2005-10</td>
<td>1.6</td>
<td>32.6</td>
<td>65.7</td>
</tr>
<tr>
<td>Estimates</td>
<td>Less developed regions</td>
<td></td>
<td></td>
<td>2005-10</td>
<td>23.5</td>
<td>36.9</td>
<td>39.6</td>
</tr>
<tr>
<td>Estimates</td>
<td>Least developed countries</td>
<td></td>
<td></td>
<td>2005-10</td>
<td>48.4</td>
<td>30.9</td>
<td>20.6</td>
</tr>
<tr>
<td>Estimates</td>
<td>Less developed regions excluding least developed countries</td>
<td></td>
<td></td>
<td>2005-10</td>
<td>17.8</td>
<td>38.2</td>
<td>44.0</td>
</tr>
<tr>
<td>Estimates</td>
<td>Less developed regions excluding China</td>
<td></td>
<td></td>
<td>2005-10</td>
<td>28.4</td>
<td>38.3</td>
<td>33.3</td>
</tr>
<tr>
<td>Estimates</td>
<td>Sub-Saharan Africa</td>
<td></td>
<td></td>
<td>2005-10</td>
<td>50.3</td>
<td>33.7</td>
<td>15.9</td>
</tr>
<tr>
<td>Estimates</td>
<td>Northern Africa</td>
<td></td>
<td></td>
<td>2005-10</td>
<td>22.8</td>
<td>35.9</td>
<td>41.3</td>
</tr>
<tr>
<td>Estimates</td>
<td>Eastern Asia</td>
<td></td>
<td></td>
<td>2005-10</td>
<td>4.7</td>
<td>30.8</td>
<td>64.5</td>
</tr>
<tr>
<td>Estimates</td>
<td>South-Eastern Asia</td>
<td></td>
<td></td>
<td>2005-10</td>
<td>15.3</td>
<td>42.5</td>
<td>42.2</td>
</tr>
<tr>
<td>Estimates</td>
<td>Oceania (Australia, New Zealand, Pacific Islands)</td>
<td></td>
<td></td>
<td>2005-10</td>
<td>9.7</td>
<td>29.3</td>
<td>61.0</td>
</tr>
<tr>
<td>Estimates</td>
<td>South-Central Asia</td>
<td></td>
<td></td>
<td>2005-10</td>
<td>22.5</td>
<td>40.1</td>
<td>37.4</td>
</tr>
<tr>
<td>Estimates</td>
<td>Central Asia</td>
<td></td>
<td></td>
<td>2005-10</td>
<td>19.3</td>
<td>44.4</td>
<td>36.3</td>
</tr>
<tr>
<td>Estimates</td>
<td>Southern Asia (includes Iran, UN region definition)</td>
<td></td>
<td></td>
<td>2005-10</td>
<td>22.6</td>
<td>39.9</td>
<td>37.4</td>
</tr>
<tr>
<td>Estimates</td>
<td>Middle East &amp; Armenia, Azerbaijan, Georgia, Cyprus, UN reg. def.</td>
<td></td>
<td></td>
<td>2005-10</td>
<td>19.0</td>
<td>33.4</td>
<td>47.6</td>
</tr>
<tr>
<td>Estimates</td>
<td>North America</td>
<td></td>
<td></td>
<td>2005-10</td>
<td>2.5</td>
<td>30.8</td>
<td>66.7</td>
</tr>
<tr>
<td>Estimates</td>
<td>Caribbean</td>
<td></td>
<td></td>
<td>2005-10</td>
<td>15.3</td>
<td>35.6</td>
<td>49.1</td>
</tr>
<tr>
<td>Estimates</td>
<td>Central America</td>
<td></td>
<td></td>
<td>2005-10</td>
<td>16.4</td>
<td>39.2</td>
<td>44.4</td>
</tr>
<tr>
<td>Estimates</td>
<td>South America</td>
<td></td>
<td></td>
<td>2005-10</td>
<td>12.2</td>
<td>43.5</td>
<td>44.4</td>
</tr>
<tr>
<td>Estimates</td>
<td>Eastern Europe (includes Russia, UN region definition)</td>
<td></td>
<td></td>
<td>2005-10</td>
<td>1.8</td>
<td>47.1</td>
<td>51.1</td>
</tr>
<tr>
<td>Estimates</td>
<td>Northern Europe (includes Baltic states, UN region definition)</td>
<td></td>
<td></td>
<td>2005-10</td>
<td>1.3</td>
<td>23.4</td>
<td>75.3</td>
</tr>
<tr>
<td>Estimates</td>
<td>Southern Europe</td>
<td></td>
<td></td>
<td>2005-10</td>
<td>1.1</td>
<td>21.0</td>
<td>77.8</td>
</tr>
<tr>
<td>Estimates</td>
<td>Western Europe</td>
<td></td>
<td></td>
<td>2005-10</td>
<td>1.0</td>
<td>23.4</td>
<td>75.6</td>
</tr>
</tbody>
</table>


month of age; with 99 percent of these combined child deaths happening in low- and middle-income countries (22). The 2010 Global Widows Report by the Loomba Foundation estimated the number of under-five deaths of widows’ children to be around 1.5 million globally in 2010.

Table 4.2 shows the percentage of male deaths of specific age ranges out of total male deaths for the period 2005-10. The table clearly shows how widowhood is a risk at much earlier ages in developing countries than in developed countries: in developed countries, most male deaths occur over the age of 64 (65+), in fact, 65.7% of male deaths occur in the age range 65+. By comparison, in the Least Developed Countries (LDCs), only 20.6% of male deaths occur in the age range 65+, a significant difference.

22 Data of 56 million, 10.5 million and all other global child data are from Lopez et al, *Global Burden of Disease* (2006: 7).
4.2: Poverty

Table 4.3 shows the 2015 estimates for widows in extreme poverty by regions and globally. The revised 2010 data on extreme poverty is also provided for comparison of trends since the original 2010 widows report was produced. In 2015 only estimates of extreme poverty are available as the necessary poverty percentage data for moderate poverty are not available for 2015. The data below shows in 2015, there are an estimated 38,261,345 widows in extreme poverty where basic needs are not met (see section below on poverty for more details). The 2015 data on widows in extreme poverty shows there has been an 22.2% decrease in the number of widows in extreme poverty, this decrease mirrors the global decrease in all persons in extreme poverty of approximately 20% in the World Bank forecast for 2015 (see World Development Indicators 2014).

The 2015 estimate of widows in extreme poverty of 38,261,345 million widows, or 14.8% of all widows is likely to be a minimum estimate. The number of widows in extreme poverty, using the revised 2010 Loomba Foundation widows estimates, show that 49,205,641 widows lived in extreme poverty in 2010 (as explained above, the UN Population Division population data revision of 2012 necessitated revising the 2010 widows estimates). These data show a 22.2% decrease in the number of widows in extreme poverty between 2010 and 2015. It must be noted that due to the composite nature of the data used to estimate extreme poverty by region due to the lack of complete global data from any source, these estimates need to be used with caution. Additionally, because the poverty data on which the widows poverty estimates are based is for whole country populations, they estimates require still further caution; this is because the qualitative data on widows suggests that widows in many countries typically experience worse poverty than other groups that also experience poverty. As a result, extreme poverty for widows may be underestimated here, and the decrease in the number of widows in extreme poverty may be overestimated. The region below with the largest change in widows in extreme poverty between 2010 and 2015 was for East Asia and Pacific with a 58.6% decrease; Central Asia saw a 51.5% decrease; Central and South America and Caribbean showed a 50.4% decrease, while South Asia and Sub-Saharan Africa showed smaller decreases at 12.1% and 11.0%. Europe and Russia showed an increase of widows in extreme poverty by 47.2%, North America increased by 37.4%, and Middle East and North Africa increased by 6.2%. Globally, the percentage of widows in extreme poverty decreased by 22.2%. The total number, globally, of widows in extreme poverty of 38,261,345 represents 14.8% of the total global widows population of 258,481,056.

Given the various limitations of the poverty data, the estimates above have underestimated the true percentage of extreme poverty for all nearly all regions (see the end of this report for details on data used for the 2015 estimates of widows in extreme poverty). The some of the available extreme poverty data could only be found in World Bank country groupings as above, hence the choice of groupings given above.

Poverty acts as a primary cause of widowhood in three ways: 1) through hazardous work which is often the only option for poor males; 2) personal behaviour or psycho-social tendencies leading to death; and 3) poor health and disease as results of inability to afford required nutrition and medical care in countries without effective free healthcare, lack of adequate housing, and lack of
Table 4.3: Global and Regional Estimates of Widows in Extreme Poverty – 2015

<table>
<thead>
<tr>
<th>Regions &amp; Global</th>
<th>Number of Widows - 2010 Revised Data</th>
<th>Widows in Extreme Poverty - 2010 Revised Data</th>
<th>Number of Widows - 2015</th>
<th>Widows in Extreme Poverty - 2015</th>
<th>Extreme Poverty Change 2010 to 2015 (numbers)</th>
<th>Extreme Poverty % Change 2010 to 2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sub-Saharan Africa</td>
<td>20,562,647</td>
<td>10,528,075</td>
<td>22,153,905</td>
<td>9,371,102</td>
<td>1,156,973</td>
<td>-11.0%</td>
</tr>
<tr>
<td>East Asia &amp; Pacific</td>
<td>72,927,868</td>
<td>10,939,180</td>
<td>82,298,356</td>
<td>4,526,410</td>
<td>6,412,770</td>
<td>-58.6%</td>
</tr>
<tr>
<td>Middle East &amp; North Africa</td>
<td>12,045,467</td>
<td>662,501</td>
<td>14,969,643</td>
<td>703,573</td>
<td>41,072</td>
<td>6.2%</td>
</tr>
<tr>
<td>Central Asia</td>
<td>3,518,319</td>
<td>1,386,218</td>
<td>3,614,152</td>
<td>672,232</td>
<td>713,986</td>
<td>-51.5%</td>
</tr>
<tr>
<td>South Asia</td>
<td>54,562,110</td>
<td>21,988,530</td>
<td>57,844,083</td>
<td>19,319,924</td>
<td>2,668,606</td>
<td>-12.1%</td>
</tr>
<tr>
<td>North America</td>
<td>14,209,960</td>
<td>539,978</td>
<td>14,280,312</td>
<td>741,827</td>
<td>201,849</td>
<td>37.4%</td>
</tr>
<tr>
<td>Central &amp; South America &amp; Caribbean</td>
<td>15,799,533</td>
<td>1,769,548</td>
<td>17,922,341</td>
<td>878,195</td>
<td>891,353</td>
<td>-50.4%</td>
</tr>
<tr>
<td>Europe &amp; Russia</td>
<td>43,487,856</td>
<td>1,391,611</td>
<td>45,398,264</td>
<td>2,048,082</td>
<td>656,471</td>
<td>47.2%</td>
</tr>
<tr>
<td>Global Total</td>
<td>237,113,760</td>
<td>49,205,641</td>
<td>258,481,056</td>
<td>38,261,345</td>
<td>10,944,296</td>
<td>-22.2%</td>
</tr>
</tbody>
</table>

clean water and sewage systems.

Broadly defined, poverty is taken here to mean a range of deprivations, not simply lack of income. The most widely cited proponent of this approach is the development economist Amartya Sen, who developed what he calls the “capabilities approach” (23). To use an extreme example in order to convey this approach to poverty, Sen effectively says that $1 million dollars in cash is useless for an illiterate rural woman in a developing country. In short, Sen’s idea is that there is more to determining well-being than money.

While Sen’s “capabilities approach” is used by the United Nations in the annual Human Development Report series and elsewhere, income as a measure of poverty is still the most commonly used measure, probably due to its mass intuitive appeal and ease of calculation. It is currently a standard tool of poverty measurement in developed as well as in developing countries through the establishment of the income-measured poverty line (24). It has also gained new visibility by the World Bank’s now regularly reported “$1 and $2 US dollars- a-day” poverty line.

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measures (25), which is focused primarily on countries outside Europe and the advanced member countries of the OECD. However income poverty and the poverty line have clear limitations, as will be explained below, and as a result, the estimates of people in poverty they produce should be considered as minimum estimates.

The World Bank measure uses what is called absolute poverty, which it also calls extreme poverty. And moderate poverty, which it calls “a higher poverty line used as a proximate vulnerability threshold to identify households who are not suffering absolute material deprivation, but are vulnerable to poverty. Although it seems somewhat arbitrary, it does bear some relation to empirically observed vulnerability to poverty” (26).

This is contrasted with the relative poverty measure used by most developed country governments — “relative poverty defines poverty in terms of its relation to the standards which exist elsewhere in society...” (27), with the relative poverty line measured as 50 percent of median income. A median income in one country, though, is not the same as a median income in another, hence its definition as relative poverty (28).

However, the research department of the OECD secretariat does compile absolute poverty statistics of OECD countries, which are used here based on an OECD study by Forster et al (2005) (29), though this measurement (statistical) definition differs from the World Bank measure (30). Yet, there is an indication that the OECD measure is more or less a classic absolute poverty measure, when it states that, “basic needs [do not include] child-care costs, for example...” (31).

Absolute or extreme poverty looks at what is the minimum required to maintain physical well-being, which covers nutrition, shelter (together with heating where regionally appropriate), and clothing. “Moderate poverty generally refers to conditions of life in which basic needs are met,

28 The reason for the use of a relative poverty measure by advanced OECD countries is unclear (Mexico, a newer member of the OECD has three official poverty measures, one of which is an absolute measure). In the case the Britain, it appears to have been pure bravado, when a then Conservative government of the 1980s, stopped using a de facto absolute poverty measure, and justified this on wholly questionable grounds, according to poverty specialist Peter Townsend in what he called “a shabby and disreputable episode in the history of British statistics as well as government,” Townsend (1996: 23-27). The USA, one of the original advanced country OECD members, uses a variant of absolute poverty as its official poverty line: it is defined as the cost of a “nutritionally adequate diet” (Eitzen and Smith (2009: 2)) multiplied times three, based on an empirical observation from 1955 that, “...poor people spend one third [or 33%] of their income on food,” (ibid.). The resulting amount is the “...minimal amount of money required for a subsistence level of life,” (ibid.).
29 For OECD extreme and moderate (using relative as a proxy) poverty measures see Forster et al, OECD (2005).
30 The OECD absolute poverty measure uses, “a relative income threshold in a base year for each country and to keep it unchanged in real terms,” Forster et al (2005: 20).
31 Forster et al, OECD (2005: 21). Note that there is an $11-dollar-a-day absolute poverty measure for advanced OECD countries, cited in Human Development Report 2007-08, United Nations, compiled by Smeeding et al (2000); this could not be employed at the time of writing the current report.
but just barely” (32), and therefore between $1 and below $2 a day expenditure could include very basic household items required for cooking, very basic healthcare, as well as child care. The concept of extreme poverty is an inability to maintain core well-being or subsistence, what amounts to stable good health, and therefore what resources are required, depending on regional conditions (e.g. cold climate versus hot climate), to attain core well-being (core physiological well-being being the same condition whether one lives in Siberia, New York city, or Papua New Guinea).

Regionally this means that, according to the World Bank’s poverty measurement methodology, extreme poverty and moderate poverty are measured as living below $1 and $2 US dollars a day, respectively, for the regions of South Asia and Sub-Saharan Africa, and parts of East Asia, the Pacific, and South and Central America. For Central Asia, Eastern Europe, Russia, and parts of South and Central America and East Asia – regions which suffer from extreme cold and so require additional expenditure in items such as warm clothing - $2 dollars a day ($2.15) constitutes extreme poverty, and $4.30 measures moderate poverty (33).

While young and elderly women can similarly fall into poverty on the loss of a husband or partner in developed countries, in developing countries the consequences are potentially far more serious. They are more serious because of unfavourable economic and social contexts. Therefore, the longer a husband’s death is delayed, the greater the potential there is to accumulate assets to cushion future household economic emergencies.

Families in developing countries, more so than low-income families in most developed countries, where many governments provide healthcare free at the point of delivery and other types of social protection measures exist (unemployment benefit, tax relief, housing subsidies), must rely on building up a stock of assets to cushion against income depleting events, because government support is usually not available (34). This is often in addition to requiring asset stocking or cash savings for culturally mandatory high expenditure on key events, primarily, weddings and funerals, in many societies (35). If a husband dies prematurely, asset-stocking ability is severely affected, particularly where low wages are the norm for unskilled women and lower than men’s for the same job, or female wage employment is socially restricted, or not permitted at all. For those in extreme poverty, the ability to save is impossible as daily income is insufficient to meet basic needs and government provision is typically inadequate or non-existent.

While attention is focused primarily on developing countries given their extreme consequences for poverty, some ostensibly developed countries are flirting with this type of poverty. The USA and parts of the UK and Ireland have historically had a greater incidence of poverty and this

33 Extreme and moderate poverty $1 and $2 dollars a day, see World Bank (2008b); for $2.15 and $4.30 measures see Alam et al, World Bank (2005).
34 See the literature on “livelihoods”, for example, Ellis (2000); Ellis and Freeman (2004); Whitehead and Kabeer (2001).
35 Among other references, Narayan et al (2000: 254) cite as one of women and men’s reason for their moving into poverty as “...the often very heavy toll of dowries and weddings ceremonies.”
remains arguably true to this day (36). They have been joined by the former communist states of Eastern Europe, Central Asia and Russia, where previous gains in living standards through social services offering universal coverage have now been significantly eroded (37).

Figure 4.2 Widows and Poverty

![Graph showing the relationship between extreme poverty and the incidence of widows per country.](image)


Figure 4.2 shows the relationship between extreme (absolute) poverty and the incidence of widows per country. The steadily increasing line is a ranking, in order of severity per country, of extreme poverty. The line that moves erratically up and down between zero and 20 percent is the percentage of widows per country corresponding to the rank of the country in extreme poverty (it is simply individual country observations or dots connected up). The numbered horizontal axis simply shows the cumulative number of countries, the world total of 193 (38).

Poverty as a cause of widowhood is of special interest because it acts to cause premature widowhood. Premature widowhood is a serious concern, because it has intergenerational consequences, characterised by women with dependent children. It is also a serious concern given the high reported incidence of widows under age 60 in many developing countries. These women themselves are partly or wholly dependent on husbands and partners as the primary source of economic support. Crucially, premature widowhood is more frequent in countries where government support in the form of income support and free healthcare is poor or not available at all, and in several regions, women’s paid employment is either low paid, or socially

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36 For functional literacy data (distinct from standard literacy) for OECD countries see OECD (2000), (2005); or Burd-Sharps et al (2008: 196).

37 A clear picture of this trend, with particular severity in rural areas of Russia, which are represented by high numbers of elderly widows, is shown in a recent documentary by *The Guardian* newspaper, see Harding (2008).

38 Note that this is the case if Palestine is assumed a de facto country when the 2010 Widows Global Report was published, Palestine is now a state. The data above, and elsewhere in this report include Palestine. Other de facto states seeking recognition are Somaliland, Puntland, and Western Sahara, see *The World Guide*, New Internationalist Publications (2007).
unacceptable (39). These are also regions where being a single women is not socially acceptable. Becoming a widow under these conditions can therefore lead to a fall into poverty, or a deepening of existing poverty. Poverty therefore sets the scene and enables the conditions for people with low human and social capital and low economic and financial assets to fall into a range of deprivations. Poverty is a breeding ground for disease, and in so doing, poverty reinforces itself (40). Poverty also sets the constraints that prevent such people from pulling themselves above the poverty quicksand.

In turn, poverty or a fall in living standards, can lead to self-destructive psycho-social results, especially for men, leading to increased premature male mortality and hence early widowhood (41). Clearly, widows’ circumstances in most developing countries put them at high risk of poverty, and additional acute direct threats to their well-being. Vulnerability in East Europe also appears to be significant, as well as in Central Asia and parts of Latin America and East Asia. While the picture is more favourable in most advanced OECD countries, some of these countries have pockets of extreme poverty in which widows figure prominently.

To get a clear sense of what extreme poverty at the “$1 dollar a day” measure really means for people living below it, consider it in relation to the level of consumption that is the official Indian government’s poverty line. The following comparison was done by the World Bank in a 2002 study, when the World Bank’s extreme poverty line was estimated at £1.08, and available data, cited for 1993-94, on Indian consumption in money terms placed the dollar value of the Indian poverty line (measuring absolute poverty) at $0.22 – twenty-two US cents. This translated into daily food consumption of:

“Three scant plates of cooked rice, or 8-10 chapattis [flat bread like tortilla bread]
A half cup of cooked pulses [lentils]
A spoon of edible oil
A spoon of dried chilli
One medium-sized potato, or onion
One cup of tea

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39 Includes Afghanistan before, during and after the Taliban, as one aid worker observed while serving in Afghanistan during the Soviet war in the 1980s, “the division of between male and female society was rigid....male visitors [to Afghan homes] could not enter the [main] house, [were not permitted to physically see] see any women or even talk about them,” Vaux (2001: 116); during the Taliban see Marsden (1998). Extensively cited in research, in northern India, Pakistan and Bangladesh, employment outside the home for pay, and regular movement outside the home village is a serious problem for women, who risk serious damage to reputation, and physical violence as punishment from relatives. In contrast, in China, millions of teenage rural girls migrate to work in factories, see Chang (2008).

40 Hotez (2010).
41 This has been seen across Eastern Europe, and especially in Russia, since 1990.
A handful of brinjal [aubergine]
One half cup of milk
One banana three times each month
An egg every five days

While relative prices have changed, and hence the composition of food consumption must have changed in recent years, the change is likely to be marginal; the 1993-94 food basket is still relevant for the poor today. After buying food, two additional rupees each day (about $0.06 cents) would be left over for items like medicines, school books, fuel for cooking, clothing, soap, durable goods, etc. And one-third of India’s rural population cannot even afford this frugal bundle” (42). Money amounts aside, the focus for the reader should be drawn to the consumption items themselves and their quantities, as these give an idea of what extreme poverty means.

As can readily be seen in the most recently available data for the Indian government’s and World Bank’s $1 dollar a day poverty lines, the percentage in poverty (below the poverty line) measured by the Indian government for year 1999-2000 is 28.6 percent; while the World Bank figure for India for 2004-05 is 41.6 percent (43). The Indian measure of extreme poverty underestimates its extent when compared to the World Bank’s measure.

To see what this ultimately means as a gauge of extreme poverty, as well as its scale and scope, a March 2008 Medecins Sans Frontieres (MSF) press release stated that India is experiencing, “a major humanitarian crisis...South Asia is one of the world’s malnutrition “hot spots”, and in particular India carries the largest burden of illness in the region. One half of India’s children under five are underweight, while every day, six thousand children are lost to complications resulting from malnutrition and as many as 83 percent of women are anaemic.”

For Eastern Europe, Central Asia and Russia, which make up the former Communist region of the Warsaw Pact and Soviet Union, the World Bank produced the following assessment of “What Would Someone in the Region Living on Two Dollars a Day Consume?” (44).

“Average food expenditure needed to meet basic caloric requirements with the cheapest products available on the market is around $1.18 a day at 2000 purchasing power parity. Interestingly, it is found to be in a relatively narrow range from the cheapest basket of $1.15 a day in Tajikistan to around $1.22 in Kazakhstan. National data show that such allowances cover only very meagre baskets (composed predominantly of wheat, beans, milk, and oil). A person living at the poverty line of $2.15 a day would have been able to spend about $1 a day toward other needs. Such needs in the region primarily consist of heating and lighting. The approximate

43 As presented by World Bank in 2008a; 2004-05 data is available but was not used in the latter report.
44 World Bank (2008b), pages 16 and 19 respectively. From Alam et al, World Bank (2005: 52); quote that follows also from p. 52.
monthly electricity needed to light an apartment with three bulbs and run basic appliances (for example a refrigerator) is 150 kilowatt-hours. At prevailing prices of around two to five cents per kilowatt-hour, when converted into PPP (PPP exchange rates are typically three to four times market levels), and adjusting for family size (three to four per household), this amounts to $0.07 to $0.17 [cents] per day. Heating would require significantly more. Eurelectric’s (2003) “typical consumer” on average requires an additional 350 kilowatt-hours per month” (45).

While large-scale incidence of poverty is concentrated in certain parts of the world, poverty remains a potent issue that has still not been satisfactorily dealt with in regions that wear the label of advanced countries. In all regions, part of poverty’s persistence is due to overlooked policy areas, which ultimately stem from overlooked problems, of which widows form an important part.

4.3: Hazardous Work, Disease and Chronic Poor Health

4.3.1: “Work Kills More People Than Wars”

The International Labour Organization (ILO) estimates that each year there are 2.3 million deaths of workers, or approximately 6 thousand a day, in part the result of the annual 270 million workplace accidents. Work deaths are defined as deaths arising from accidents and from illness caused by work. The ILO states, “work kills more people than wars”, globally it costs 4 percent of GDP, while the accident rate has been increasing in developing countries where an unknown number of work deaths go unreported because a large proportion take place in the informal sector of the economy (46).

Poverty frequently contributes to high premature male mortality, hence widowhood, through hazardous work. Hazardous work is often exploitative, because most low skill workers have no bargaining power (47) in many countries. As a result, hazardous work related deaths become more likely when men have low skills and low or no education, or limited local opportunities to use more advanced skills (48). Hazardous work also occurs where safety standards are poor or non-existent and production techniques are low tech. An example is manual agricultural work, where pesticides are used without protective clothing and the pesticides themselves are highly toxic, often having been banned in developed countries (49).

47 Trade unionists are routinely murdered in a number of countries because employers do not want to treat workers fairly.
48 Quote by Stillwagon (1998: 262), who cites Mohan (1993: 12-13) on Indian agriculture. “In Mexico, field workers on tomato farms that export produce to the United States market suffer from nervous disorders from organophosphate poisoning. To prevent workers from going to local doctors, who are required to report the poisonings, foremen treat workers in the field with a temporary antidote, atropine.”
“Studies of occupational safety and health suggest an enormous toll in mortality and morbidity throughout the developing world, with very high costs. An Indian study of occupational hazards in the countryside found that injuries constituted 14 percent of all morbidity. Extrapolating from the data collected in the sample region, researchers estimated serious injuries related to agriculture to amount to five million per year in India, with 500,000 deaths” (50). In Latin America, according a study by Professor Chant, “accidents are on the increase” according to morbidity and mortality data (51).

A regular source of reported work deaths is in mining, where in particular, Chinese and Russian mining deaths are frequently in international news headlines (52). A western journalist investigating Chinese mining accidents reports:

“[Mining] accidents are so common in China that their plight and that of tens of thousands of other mining widows has become one of the most sensitive issues facing the communist government. More than 5,000 Chinese miners are killed each year, 75% of the global total, even though the country produces only a third of the world’s coal. Working under appalling safety conditions, they are sacrificed to fuel the factories that make the cheap goods snapped up by consumers in Britain and other wealthy nations” (53).

The ILO explicitly backs the conclusion that worker deaths are disproportionately a poor man’s burden: “Industrialised countries must take part of the blame.” In fact, “ILO specialist Jukka Takala says,” one of the trends is that industrialised countries are exporting their hazards to developing countries. Labour there is not only cheaper but also significantly less protected. Dirty and difficult jobs are left to the South [developing countries]. That includes mining, of course. So while the mining diseases commonly known as pneumoconiosis, including silicosis, [dust caused illness] have virtually disappeared in the industrialised countries, they are still claiming fresh victims every day in the developing world” (54). The ILO reports that 6 million miners in Brazil, nearly 2 million in Colombia and more than 2 million in India are exposed to conditions that cause silicosis. In Latin America, 37 percent of all miners are ill with silicosis. A 2011 report from Madhya Pradesh refers to “miner tuberculosis creates village of widows in rural India”.

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50 Stillwagon (1998: 263) also notes that: “The Pan American Health Organisation estimates that the incidence of accidents and occupational illness is six to ten times greater in developing countries than industrialised countries. In industrialised countries, about 10 percent of workers have a work accident each year. In Brazil, reported work accidents affect one in every five workers”. A comparison with the one developed country around the time of this research cited the USA as having more than six thousand workplace accident deaths per year (Nordheimer 1996: F1, in Stillwagon 1998: 263).


52 At the time of writing version-1 of this report in July 2009, a Chinese mining accident was reported.

For miner tuberculosis article in India (Madhya Pradesh), see Niazi (2011).

4.3.2 Disease

Preventable diseases are defined as infectious diseases spread by human-to-human (communicable diseases) and non-infectious diseases arising from individual behavioural responses embedded in social norms that are referred to as psycho-social response diseases. In both cases, public health measures and welfare state social protection measures are required to counter their spread.

Disease as a cause of widowhood does not operate on its own in a social vacuum (55). In fact, social norms, and by this is meant socially learnt behaviours, are crucial as a facilitator of disease as a killer of men and hence as a cause of widowhood. These, when fused with poverty, produce a lethal combination. Malnutrition, caused by poverty, especially, extreme poverty, reduces the body’s natural defenses to diseases such as HIV/AIDS, in particular, skin on critical surfaces of the body becomes fatally impaired in its ability to resist disease (56). Data on cause of male death bears this out. Table 2.8 presents data on the top five global causes of death for men aged 15-59 in Low- and Middle-income versus High-income countries (57). Each top five group accounts for 56.5 percent and 69.7 percent of deaths respectively for these two country groupings. Causes of death heavily influenced by behaviour and low standards of living are represented for both Low- and Middle-income and High-income countries, notably road accidents, self-inflicted injuries and HIV/AIDS.

As noted above at the start of this report, while there has been improvement since the 2010 Loomba Foundation report in HIV prevalence rates, Sub-Saharan African countries facing particularly severe HIV emergencies are Botswana, with an adult 15-49 age group infection rate of 21.9 percent, Lesotho at 22.9 percent, Namibia with 14.3 percent, South Africa with 19.1 percent, Zimbabwe with 15.0 percent, Swaziland with 27.4 percent, and Zambia with 12.5 percent. In India, total HIV/AIDS infections among all ages in 2013 was estimated by UNAIDS as 2.1 million (58) compared to South Africa’s 6.3 million, Nigeria with 3.2 million, Kenya with 1.6 million and Malawi 1.0 million (data for China is not available) according the 2014 UNAIDS Gap Report. Among European Union (EU) countries with data, Estonia at 1.3 percent, Italy at 0.3 percent, Spain with 0.4 percent, Switzerland at 0.4 percent and the United Kingdom with 0.3 percent, have the highest rates of HIV in the 15-49 age range, however HIV is much more likely to affect widows in Sub-Saharan Africa than those in the EU. Of 35 million people worldwide who are infected with HIV, an estimated 19 million do not know they are HIV positive.

The impact of unprotected sex and the link with HIV/AIDS through prostitutes, in addition to other forms of frequent changing of sexual contacts, is now a major contributory factor to premature death.

55 Todaro and Smith (2009: 400) note: “Poverty plays such a central role in most health problems faced by developing countries that it has its own designation in the International Classification of Diseases: code Z59.5 – extreme poverty.”
54 The probability, on average, in a healthy person, of contracting HIV through a single encounter is not 100 percent.
57 Data from Tables 3B.1 and 3B.8, Lopez et al (2006: 126-130; 168-172).
“HIV claims the lives of countless prostitutes and sex slaves each year, and unprotected sex with prostitutes is the single largest contributing factor to India’s rapidly growing HIV problem. Assuming 1.5 million prostitutes in India, nine hundred thousand (60 percent) would be HIV positive. If each prostitute provided sex to ten men per day and the infection rate were one in five thousand (0.02 percent), then each day, one thousand eight hundred men in India would become infected with HIV as a result of sexual intercourse with a prostitute. For each 0.01 percent increase in the infection rate, an additional nine hundred men per day would be infected (59).”

The effects of this, and similarly rampant sexual promiscuity of men with women outside the sex trade, on widows and their children are particularly fiercely felt in Sub-Saharan Africa. East Asia has also been identified as a prostitution-HIV/AIDS hotspot with spillover into the general population through infection of family members, specifically wives: Thailand has been a noted case for many years given its huge sex industry, with reports of an increasing number HIV/AIDS infected husbands from middle class backgrounds. Meanwhile a reported upsurge in prostitution linked to changes in men’s behaviour towards sexual activity has been reported in Vietnam. This change in Vietnamese male behaviour has been linked to the expansion of sex tourism in Vietnam since its economic reforms started in 1986 (60). The Philippines is also a noted prostitution hotspot, hence a breeding ground for HIV/AIDS. HIV/AIDS is the fourth leading cause of death in low and middle-income countries, while the disease is the leading cause of death for everyone in the 15-59 age group in Sub-Saharan Africa (61).

4.3.3 Chronic Poor Health

Chronic poor health, brought on by lack of adequate nutrition, lack of ability to access healthcare, inadequate housing, and lack of clean water and sewage infrastructure, is the leading result of

<table>
<thead>
<tr>
<th>Death Cause</th>
<th>Low-</th>
<th>Mid-</th>
<th>Death Cause</th>
<th>High-</th>
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<tbody>
<tr>
<td>1: Cardiovascular Disease</td>
<td>18.5</td>
<td></td>
<td>1: Cancer</td>
<td>27.7</td>
</tr>
<tr>
<td>2: HIV/AIDS</td>
<td>13.0</td>
<td></td>
<td>2: Cardiovascular Disease</td>
<td>23.4</td>
</tr>
<tr>
<td>3: Cancer</td>
<td>10.7</td>
<td></td>
<td>3: Self-inflicted injuries</td>
<td>8.5</td>
</tr>
<tr>
<td>4: Tuberculosis</td>
<td>7.8</td>
<td></td>
<td>4: Road Traffic Accidents</td>
<td>7.9</td>
</tr>
<tr>
<td>5: Road Traffic Accidents</td>
<td>6.5</td>
<td></td>
<td>5: Respiratory Disease</td>
<td>2.2</td>
</tr>
</tbody>
</table>

Table Note: data source is Lopez et al (2006), The World Bank.

60 See Barry (1996: 144-156). In all three cases, the expansion in the sex industry is linked to foreign exchange access promoted by their respective tourist industries. This is well documented in the case of Thailand.
61 Lopez et al (2006) pages 69 and 71 on fourth leading cause, and leading cause respectively.
poverty, not only in developing countries, although it persists with greater intensity there. Crucially, chronic poor health assists the progression of serious diseases such as HIV/AIDS and tuberculosis (TB), the effects of which can be seen in differences in male mortality statistics and causes between high and low income countries in Tables 4.1 and 4.2 above. Less emphasised by the media and public campaigns by aid and development agencies are the diseases that cause chronic ill health, diseases which are truly the diseases of poverty, some of which include the Neglected Tropical Diseases. The global picture of chronic poor health and the diseases of poverty have recently been given effective voice by the pages of the magazine, Scientific American (62). The key causes of people’s susceptibility to the diseases of poverty were shown to be poor housing (e.g. enabling exposure of disease-carrying parasitic insects) and lack of clean water and sewage systems (referred to as water and sanitation), and hygiene knowledge and behaviours (in combination, WASH – water, sanitation and hygiene) – some slum residents in the Mathare informal settlement in Nairobi still believe that diarrhea is caused by “evil spirits” even while human feces flow in open shallow improvised drains.

Tragically, many of the diseases of poverty are easily treatable and preventable, but are not treated because people on low incomes who suffer from them live in countries with low quality or non-existent public health systems, and are unable to pay for private medical treatment. Notable among these countries, as pointed out in Scientific American, is the United States, where poor quality housing also plays a significant role facilitating preventable disease. Disease becomes chronic poor health particularly when a threshold is passed after which time some of the diseases can no longer be treated.

The former editor of the magazine International Agriculture Development, John Madeley observes that, “millions of the rural poor are handicapped by malnutrition, and are vulnerable to chronic illness and injury due to unfavourable working and living environments, including unclean water and poor sanitation facilities” (63).

This is backed by new health measurement techniques that calculate the number of years lost over a person’s life to poor health.64 Chronic poor health greatly facilitates the mortality possibilities of opportunistic infections as well, as illustrated by the high number of infectious disease deaths in developing countries. The data presented in Table 2.7 capture this.

4.4: Psycho-Social Response Death

The interest in psycho-social response deaths is with respect to their incidence among men. The choice of the term psycho-social response deaths has been adopted here and elsewhere to distinguish these deaths as those inflicted by individuals on themselves, and as such, focuses attention on the individual as the cause of death. However the ultimate cause of death is from deteriorated economic conditions and the particular psychological response by men. This is true.

as seen below, whether the deaths are caused by a prolonged process, such as in the case of alcoholism, or when immediate, as in the case of suicide and high levels of community violence (of a non-military type).

A significant cause of premature deaths of males aged 15-59 is alcoholism, as a psycho-social response to economic collapse, which has epidemiological characteristics due to its society-wide incidence. This has taken place in Russia since the early 1990s after the collapse of the Soviet economy and welfare state. It has been so pronounced that the adult male death rate has increased dramatically, reducing male life expectancy to 58 years.

“From 1991-94, the risk of premature adult (15-59) death increased by 50 percent for Russian males. It improved somewhat between 1994 and 1998, but subsequently increased” (65). The effects of this in statistics on women, resulting in increasing numbers of widows, can be seen in Table 4.5.

It can be expected that there will be many younger age widows in Russia than is the developed country norm. Comparing Russian census data on widows for 1989, just before the collapse of the Soviet Union, and in 2002 after the transition of Russia to a market economy, an approximately three and half percentage point increase is revealed in the number of widows in the age group of 15-49 years.

Alcoholism is also frequently reported in India as a cause of death for men from low income backgrounds such as those living in slums, or in communities where seasonally enforced breaks in employment, for example in agriculture, or during the monsoon for small scale fishermen, are the norm. India’s president recently commented on a visit to the Indian state of Kerala, where human development for women in health and literacy is comparable with developed countries, that “…alcoholism is rampant…”, as the president of India herself remarked in 2009 (66). It takes hold during off-season work periods, for example, such as the monsoon, when a long period of bad weather prevents fishermen going to sea.

Table 4.5 Percentage Change in Widows During the Russian Transition of the 1990s

<table>
<thead>
<tr>
<th>Age Cohort</th>
<th>1989</th>
<th>2002</th>
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<tr>
<td>15-49</td>
<td>7.3%</td>
<td>10.9%</td>
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<tr>
<td>15-59</td>
<td>22.4%</td>
<td>22.4%</td>
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<tr>
<td>60+</td>
<td>77.5%</td>
<td>77.6%</td>
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</table>

Table Note: data source is Census of Russia 1989 and 2002.

With reference to Latin America, it has been observed that males are affected by “…a general pattern whereby male morbidity and mortality is more likely than women’s to occur as a result of behavioural factors such as risk-taking, self-abuse, or attempts to abuse others, including

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drinking, smoking, car accidents and fighting” (67).

In many developing countries, widespread suicides have been taking place among farmers as a result of deteriorating economic conditions in agriculture. India is often cited in discussions on rural economic distress in developing countries, while the consequences for farmers’ widows are not always focused on. This focus is brought in the following example below and in the section 5.1 further below:

“Mr. Kelkar [a cotton farmer who hung himself out of despair over debt] had often talked farmers out of taking their lives in the state’s cotton growing belt of Vidarbha where, on average, one farmer commits suicide every eight hours. In other words, three women become widows here every day. Mr. Kelkar’s wife, Indira, is now one of them. She is left with the mammoth responsibility of paying off his debt while looking after their four children” (68).

In the well-known book, Stuffed and Starved, Raj Patel observes on farmer suicides across India:

“Authoritative figures are difficult to come by at a national level, but the state of Andhra Pradesh, with a population of seventy-five million, has been recording rural suicide rates in the thousands per year. Nor is it a problem limited to Andhra Pradesh. The hinterland of Mumbai, where the city finds its food, has experienced rocketing rate of farmer suicide. It’s a problem that has even hit India’s breadbasket. In Punjab, the epicentre of the country’s high tech agricultural “Green Revolution”, the United Nations scandalised the government when it announced that, in 1995-96, over a third of farmers faced “ruin and a crisis of existence....This phenomenon started during the second half of the 1980s and gathered momentum during the 1990s”. I has been getting worse. According to the most recent figures, suicide rates in Punjab are soaring” (69).

Farmer suicides in India have been going on for some time, and while they have received a great deal of attention in discussion by policy makers, researchers and the media (70), there appears to be nothing that suggests that decisive action has or will be taken at any point in the near future.

Patel also cites evidence of suicides among agricultural workers in China, making up over fifty percent of the deaths in one sample of suicides, using a study of suicide data for the period 1995-99 (71). There is evidence to suggest, in the case of China, that these deaths may be linked to the break-up of the old collective agricultural system, where farm households in effect pooled resources, including heavy equipment needed for ploughing, made available by the government. Many rural Chinese widows in turn are unable to cope on their own in agriculture. Patel finds evidence of higher rates of suicide among farmers and agricultural workers among countries as

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68 “Sorry plight of India farm widows”, (BBC) http://news.bbc.co.uk/2/hi/business/5263462.stm
diverse as Sri Lanka, Australia, the United Kingdom, and the United States. Another source of deaths not covered in this report are deaths due to drug addiction around the world.

4.5: Road Traffic Deaths

While not the type of cause of death popularly associated with developing countries, as Table 4.4 shows, road traffic deaths are in the top five causes of pre-mature male death in both developing (low and middle income) and developed (high income) countries alike. Kevin Watkins, formerly head of research at Oxfam GB and former director of the United Nations Human Development Report, characterises the significance of road traffic deaths and injuries as a “global pandemic.” He emphasises that “traffic injuries in developing countries kill on a scale of malaria or tuberculosis. For children between five and 14, traffic injuries are the biggest single source of death, and roads are second only to HIV/AIDS in killing people aged between 15 and 29....The world’s most dangerous roads are in Africa. Britain has a fatality rate of one death per 10,000 vehicles; in Ethiopia and Uganda it tops 190. Traffic deaths are climbing most rapidly in Asia and Latin America....” (72) In another example, young men interviewed in Kenya explained they were not concerned with their risky sexual behaviour’s likelihood of causing HIV/AIDS infection because they felt the probability of dying in a road accident was the same.

4.6: Conflict: Interstate War, Civil War, Genocide and UXO 4.6.1: Interstate War, Civil War and Political Repression

Conflict as a cause of widowhood can be inter-communal, such as in Kenya in 1992, 1997, and 2007, due the contested presidential elections; in Northern Ireland since the 1970s; the case of the Gujarat massacre of Muslims in India in 2002; massacres and targeted killings in Indian Kashmir in addition to military-to-military confrontations; or the Shia-Sunni conflagration of post-Baathist Iraq (post-US led invasion of Iraq). Also having an impact on the death of young males is the high level of armed violence in Brazil, Colombia, northern Mexico and several US inner cities – all a byproduct of the international drugs trade. Other locations with high rates of armed violent crime are Chechnya, Kenya, Nigeria, Somalia, and South Africa.

More traditional forms of conflict, such as guerrilla insurgencies and formal army-to- army warfare, produce the highest levels of deaths, again impacting on widowhood. The Democratic Republic of Congo, Chechnya, Iran-Iraq, Afghanistan since 1979, Sri Lanka, the Lebanese civil war, and the US-led battlefield confrontations with Iraq in 1991 and 2003 that was followed by multi-party fighting, are all examples. The eight year Iran-Iraq War (1980-88) caused the deaths of five hundred thousand Iraqi soldiers alone (73). While the effects of many years of war in Vietnam, including fighting with China after 1975, continue to be felt through large representation of widows in the Vietnamese population (74). The Eritrean war of independence that ended in 1991

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74 Heymann (2006), found war widows to still be a major category of women in Vietnam in her international
caused an estimated 200,000 deaths (75). Estimated total deaths (combatant and non-combatants) during the 1979-92 civil war in El Salvador, are 80,000 out of a total population of five million (76). Guerrilla-style fighting, with the addition of terror tactics, has continued for the last 50 years between the Palestinians and Israelis, producing a steady stream of widows. More recently, Algeria has suffered an especially brutal civil war instigated by Islamic extremists that has claimed at least 150,000 lives between 1992 and 2005 (77) in part through extreme forms of terrorism. The conflict in Indian Kashmir continues to result in civilian deaths from the presence of the Pakistani, international and Kashmiri insurgents and the Indian army. Pakistan itself is current gripped by an intensified Taliban-inspired insurgency.

Table 4.6 documents the broad global coverage of war widows based on the prolific nature of ongoing conflict, in particular, warfare. This shows the region most affected by conflict is Sub-Saharan Africa, with several ongoing civil wars, and major civil wars that concluded in the last ten years.

Since the start of the United States led invasion of Iraq in 2003 up to August 2007, a combination of combat deaths, unintended civilian deaths from the fighting, widespread sectarian killings, illegal killings by security and military forces and violent crime have produced an estimated 733,158 to 1,446,063 deaths according to one British polling organization (78).

On the battlefield, developed country armies can swiftly extract wounded soldiers by vehicle and helicopter and provide medical care in transit to a well-equipped medical base for immediate attention, and then, by plane to a modern hospital for specialist care. Even so, the deaths of US soldiers during the Vietnam War amounted to 58,000, while post-11th of September 2001 operations have resulted in over 4,000 US soldiers killed.

In contrast, developing country armies are often rudimentary organisations. Battle and post-battle medical care of soldiers is often very poor, due to the lack of trained medical and planning staff, logistics limitations, and lack of specialist medical supplies. The war in the Democratic Republic Congo in the 1990s, which involved the armies of several neighbouring countries, resulted in an estimated total number of deaths, male and female, of two million (79).

Combat deaths in developing countries are boosted by cheap but robust assault rifles and other cheap mass-availability weapons suited to low-technology warfare by semi- and illiterate soldiers.

family study, which used, for Vietnam World Bank Living Standards Measurement Survey (LSMS) 1997-98, and her own in depth interviews from 2000-01.
75 Eritrean war deaths figures, total, all sexes, all ages, cited in Tekle (1998: 1); date of war’s end cited in Smith (2003: 116-117).
77 Algerian casualties reference, Liverani (2008: xxviii); girls and women, including widows, were explicitly targeted for death by the Islamic insurgents.
78 Cited in the April 2010 PBS television documentary Genocide: Worse than War. See www.youtube.com/watch?v=w7cZuhq5zcz
79 It has been described as “Africa’s First World War”; and armed factions are still active in eastern DR Congo where mineral resources are the main focus of conflict, see Global Witness.
(80). This translates into ill-coordinated battles at close range with fully automatic weapons and mortars – referred to as “poor man’s artillery” because it consists of a tube, base plate, and bipod that can be easily disassembled and transported on a donkey or carried. Together, they maximise the potential for high casualties. This is perhaps best exemplified by the Angolan civil from 1975 to 1994, in which towards the end of the war, in the space of a two year period, 1992-94, as many as 500,000 people died “through combat and war-induced starvation….in some of the heaviest fighting in the post-Cold War period…. although the government forces made some use of planes

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<tr>
<th>Sub-Saharan Africa</th>
<th>North Africa</th>
<th>Middle East</th>
<th>Central Asia</th>
<th>South Asia</th>
<th>East Asia</th>
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<tr>
<td>Angola</td>
<td>Algeria</td>
<td>Cyprus</td>
<td>Armenia</td>
<td>Afghanistan</td>
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<td>Egypt</td>
<td>Iran</td>
<td>Azerbaijan</td>
<td>Bangladesh</td>
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<td>Georgia</td>
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<td>Zimbabwe</td>
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80 The midpoint of the estimate range is 1,220,580 where the above range represents a plus-or-minus 2.5% error margin. Deaths are for violence only, not indirect causes such as lack of health care, poor nutrition, and lack of clean water and sanitation. Polling organisation is Opinion Research Business. This is the most recent estimate, a history of estimates on Iraq civilian deaths was reviewed by Steele et al (2008).
and tanks, most of this carnage was produced by light and medium weapons – mortars, light artillery, grenade launchers, machine guns, recoil-less rifles, assault rifles, landmines....” (81). Another well-documented example that included large numbers of heavy weapons (tanks, armoured personnel carriers, heavy artillery, large missiles, aircraft, etc.) is the Iran-Iraq war of the 1980s, which also included forces facing each other in First World War-style assaults, but with far deadlier weaponry, across open ground into concentrated enemy fire; the result was a vast number of war widows. Similarly, the Ethiopian civil war that concluded in 1991 involved huge amounts of these weapons, supplied by among others, the then Soviet Union. Ethiopia

Table 4.6 Countries with War Widows – Part II

<table>
<thead>
<tr>
<th>Pacific Islands</th>
<th>Anglo-Pacific Islands</th>
<th>North America</th>
<th>Caribbean</th>
<th>Central America</th>
<th>South America</th>
<th>Europe incl. Russia</th>
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<tbody>
<tr>
<td>Papua New Guinea</td>
<td>Australia</td>
<td>Canada</td>
<td>Cuba</td>
<td>El Salvador</td>
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<td>USA</td>
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Table Note: tables Part I and II show countries that have been at war, either interstate or civil; does not include civil unrest/protests that resulted in deaths, or disappearance-presumed-dead actions by security forces (political disappearances). Most wars included here ended in late 1980s, 1990s, or 2000s; major wars such as Korean War of the 1950s, and the Vietnam War of the 1960s-1970s have also been included because the large number of deaths, which are still having an impact through surviving un-remarried widows. Source: Smith (2003); Bercovitch and Fretter (2004).

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government forces were described in that era as the largest in Sub-Saharan Africa (82).

Massacres and summary executions are another source of conflict deaths. In Europe, when such events were thought to have been consigned to the Second World War era, the conflict in the former Yugoslavia revisited these types of atrocities. The most infamous example was at the town of Srebrenica (83), where 8,000 men and boys were massacred by the Bosnian Serb army in 1995. While previously in Beirut in 1982 during the Israeli-Palestine Liberation Organisation’s (PLO) entry into the Lebanese civil war, Christian militia fighters indiscriminately massacred Palestinian refugees in the refugee camps of Sabra and Shatila. Around the same time, 1982, the Syrian army, under the orders of President Hafez al-Assad, carried out a massacre at the town of Hama, which was in revolt. Estimates of deaths range from 10 thousand, 20 thousand and 40 thousand.

Noteworthy are an unknown number of deaths among the Iraqi population from Saddam Hussein’s Baathist regime’s numerous internal crackdowns, the largest of which followed the 1991 Gulf War and focused on the Shia community in the south and the Kurdish community in the north. During the 1980s, the regime used poison gas against the Kurds, around 100,000 Kurds were killed in the Anfal campaign. Similarly the effects of the anti-insurgency strategy on the Mayans in Guatemala was described by the United Nations as “genocide” (84).

Internal crackdowns resulting in political “disappearances” are another source of male conflict mortality and a cause of widowhood, the most well-known being Argentina, and in Chile. El Salvador during its civil war from 1979-92, experienced some of the worst political repression of opponents of the regime, resulting in some 7,000 disappeared. It has been described as:

“.....a particularly cruel civil war for the civilian population....in the cities the armed forces arrested, “disappeared”, tortured, and killed tens of thousands of people – professors, union organisers, health workers, slum dwellers, students, lawyers, and church workers. By 1984, the popular movement has been wiped from the streets; almost an entire generation of civil society leaders had been assassinated. In the countryside, the military undertook a scorch-earth policy to depopulate the zones in the north and east of the country held by the [rebels]. They razed homes, massacred entire communities, destroyed crops and livestock and carried out carpet bombing. By 1985 the [rebel-held] zones were largely depopulated, and one in five [twenty percent] Salvadorans was displaced within the country or had sought refuge abroad” (85).

Open political repression, such as the 1989 Tiananmen Square massacre of students in China or the ongoing case of Zimbabwe under Robert Mugabe and the military government in Myanmar, continues to be a problem around the world.

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82 Klare (1997: 62); the latter recounts that generous international military aid allowed large stockpiles of weapons to be made that prolonged the conflict.
85 Thompson and Eade (2007: 126-127). The rebels were the Frente Farabundo Marti para la Liberacion Nacional (FMLA).
One consequence of warfare is disease and starvation caused by the disruption of food supplies and health services, resulting in deaths among the general population. This occurred with devastating effect in the multi-country war in the Democratic Republic of Congo (started 1996, international phase 1997-2002), where civilians fled into the deep bush areas to avoid approaching armies, and are said to have died on large numbers from lack of food and water. As a result, there are estimated to be 1.9 million widows in DR Congo in 2010, with some of these as young as 10 years old. Mass starvation also resulted from the civil war in Somalia in the early 1990s.

The International Rescue Committee (IRC) estimates for Congo, which were prepared by a professional demographer, that between 1998 and 2001 there were 2.6 million conflict deaths from all causes – violence and health related (which includes starvation) (86).

### Table 4.7 Pre- and Post-Civil War Liberia: Widows of Child Bearing Age 15-49, Percentages

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<tr>
<td>Post-war</td>
<td>2007</td>
<td>0.0</td>
<td>0.4</td>
<td>0.8</td>
<td>1.3</td>
<td>2.7</td>
<td>5.8</td>
<td>12.6</td>
<td>2.4</td>
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<tr>
<td>Pre-war</td>
<td>1986</td>
<td>0.3</td>
<td>0.1</td>
<td>0.8</td>
<td>1.4</td>
<td>2.3</td>
<td>5.1</td>
<td>5.2</td>
<td>1.5</td>
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Table Note: PTW means Percentage of Total (i.e. all) Women; data is for the percentage of widows from the respective age group of all women making up that age group, i.e. this is not percentage of a group of widows out of all widows. Source: Demographic and Health Survey (DHS) 2007 and 1986. OCR Macro International.

Roughly 86 percent of the deaths were estimated to have been from “disease and malnutrition.” A newer estimate of Congo’s total conflict deaths (published in 2006 in The Lancet) places the figure at 3.9 million for the period 1998-2004 and in 2009 the same researchers published their latest survey of the country and found much higher deaths rates resulting from continued lack of basic health services. Mass starvation also resulted from the civil war in Somalia in the early 1990s when 300,000 died from lack of food and health care, and in 2009 appears to being attempting to repeat.

While before-and-after time series data from the same source is unavailable for DR Congo, Table 4.5 shows the effects of a civil war (before-and-after) in Liberia that began in 1989 and ended in 1997.101 While DHS data, unfortunately, do not go beyond age 49, in the absence of other major calamities in Liberia during this period – including an absence of east African-levels of HIV/AIDS – it is clear that the high number of widows ten years after the end of the conflict in the 45-49 age group is a result of the civil war.

4.6.2: Genocide Deaths

Genocide, the systematic and large-scale killing of non-combatants, is facilitated by war, and is sometimes the primary purpose of a war. It is therefore the most serious war-related cause of death for the general population, as once organised and put into action, it is difficult to escape and to stop. It is usually perpetrated in the context of a country-wide internal war. The most recent large scale and well-known example is the 1994 Rwandan genocide, in which an estimated 800,000 to one million people were killed and “also contributed to new wars that bedevilled central Africa into the twenty-first century” (87). As many as fifty percent of married women were estimated to have become widows, the majority of whom were over age thirty.

Table 4.6, also using DHS data, shows the effects of the genocide on the number of widows in Rwanda and the change in those numbers over time, (ten years after the genocide). Notable about this data is the extent to which the number of widows has been quickly dissipating across all age ranges, to the point that the average for the whole age range 15-49, as a percentage of all women 15-49, has effectively reached its pre-genocide level. The result is probably due to reduced rates of marriage and the generally very high mortality rate in the country between birth and age thirty (88).

Rwanda 1994 was in fact not the precedent for genocide in that part of Africa, prior to the Rwandan Genocide, neighboring Burundi experienced two genocides according to the final report of the International Commission of Inquiry for Burundi discussed at the United Nations at Security Council level in 2002. The first took place in 1972, and the second in 1993, a year before the Rwandan Genocide. However, there have been waves of inter-ethnic massacres since the country gained independence in 1962: between 1962 and 1993, one estimates suggests 250,000 people died.

In East Timor, formerly a part of Indonesia, 200,000 deaths are reported for the period 1975-99, many as the result of massacres of non-combatants, while in Cambodia, the Khmer Rouge regime killed an estimated 1.5 to 3 million people identified as a threat to communism, out of a total

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87 Shaw (2003: 211). The Rwandan genocide contributed to starting the Congo war.
88 Rwanda Demographic and Health Survey (DHS) 2005, final report, Figure 2.1, chapter 2, “Household Characteristics,” p. 12. OCR-Macro International (2006).
country population of seven million. The Cambodian genocide has been described as “the most comprehensive of all modern mass killings, in the extent to which is touched all sections of the population within a given territory.” At least one researcher refers to a higher than normal number of widows in Cambodia, at around 11 percent; an aid agency estimate made before 1994 was to have stated that approximately 80 percent of rural households were headed by women, most of whom were widows. The most recent census estimate (1998 Census) for Cambodia places widows at 6.4 percentage of the total corresponding female population, aged ten and above (89).

More recently, the actions of the Bosnian Serb army during the 1990s has been characterised by international officials as genocide, with total war deaths on all sides, most of which were civilian and non-Serb, at over a quarter of a million (90). While in 2002, around 2,000 people were massacred in the Indian state of Gujarat, facilitated by the local police.

4.6.3: Landmines and UXO Deaths

A less well publicised, but equally important cause of death for men take place post-conflict, with serious economic implications for rural women and widows, as a result of landmines and unexploded munitions (UXO) fired during combat, ranging from hand grenades to cluster munitions (e.g. often referred to as cluster bombs). The most serious type of UXO is the anti-personnel landmine (91). After landmines, the most insidious UXO is the mortar shell: mortars are called “poor man’s artillery” because they are compact and relatively cheap weapons; mortar shells are typically fired in large numbers. They can found in regular use in armies across developing countries. Rural people are the main casualties from landmines and UXO, because rural people are typically farmers, and therefore disturb landmines and other UXO in the course of everyday work, leading often to death.

The key aspect of the landmines and UXO problem is its longevity, because clearance is slow and expensive, and because they typically remain active for many decades. For example, in terms of longevity and clearance, 600 tons of UXO continues to be discovered and cleared every year, all

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90 Most recently re-emphasised by the UN representative to the 2009 Srebrenica massacre commemoration. Shaw (2003: 192) on Bosnian war deaths.

from the Second World War. Modern landmines in particular must be destroyed where they lie, because, after the Second World War, landmines technology evolved so that many types of landmines now include anti-tamper devices that cause them to explode if moved in any way after they have been laid in the ground. In addition, landmines have been made of plastic, called minimum metal mines, in order to defeat traditional metal detectors, resulting in the deployment of animals’ sniffing ability, specifically rats and dogs. All of this has made traditional dig-and-remove clearance impossible. Contemporary landmine removal is there for very slow and very expensive.

There are thirty-three countries, “where landmines constitute a major problem for the civilian population; the situation in five of those countries – Afghanistan, Angola, Cambodia, Iraq and Laos – must be categorised as an emergency on the basis of the scale of existing [post-war] casualties.” For example, during the Soviet-Afghanistan war, landmines deliverable from aircraft were used, therefore enabling a large increase in the numbers of landmines deployed. It is currently estimated that around 100 million landmines are in the ground around the world.

In 2006 in South Lebanon, during the Israel-Hezbollah summer war, Israeli forces used cluster shells delivered by mobile heavy artillery guns on Hezbollah positions, carpeting these areas. Cluster munitions are large shells designed solely for killing people, not destruction of property; they contain a large number of small anti-personnel bombs inside, for example a British cluster rocket carriers six-hundred bomblets. The small “bomblets” are released from the cluster munition shell above the ground in order to spread out to carpet a broad area. They have a high failure rate – many fail to detonate when first fired, only to detonate later when disturbed. The combination of this high failure rate, their small size (roughly the size of a large “Coke can”/an aluminium drink can) and ability to cover large areas of ground, have caused then to be been likened to landmines. Hezbollah also fired anti-armoured vehicle cluster munitions by rocket (Chinese-made Type-81) into Israel as part of the 2006 war. This was only the latest renewal of the landmines-UXO problem in Lebanon, as the case of a Lebanese widow’s battle with landmines makes clear. The UK based Mines Advisory Group (MAG), a leading landmines and UXO clearance NGO, documented the story of a Lebanese widow, now aged 60, who was hit by gunfire in a battle in her village during the civil war. In the same incident her husband was killed outright. This was 1977, from which point her farmland was increasingly laced with landmines and UXO. She had nine children, the war pension was too little for the family to live on, so she started a small shop, which was looted several times in the fighting. In the early 1990s, using a knife, she started clearing her farmland of landmines. By 1997, she reached the part of the limits of her property, but it was only finally made safe after MAG started work in 2007. (Story of Mrs. Em Saoud Mashmoushi, Bsaba village, Chouf Mountains, Lebanon) (92).

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The recent 2014 Gaza war and the ongoing civil war in Syria, and recent civil wars in Iraq and Libya, and the long term civil war in Yemen, will only increase the amount of unexploded landmines, UXO and Improvised Explosive Devices (IEDs) with a parallel increase in deaths.

4.6.4: Scale of Conflict Deaths

As to the scale and relevance of conflict as a cause of widowhood, up to 1960 conflicts globally averaged around 25, after which, a steady increase in conflicts is recorded, peaking at over 50 in 1992, and falling to just below 30 in 2003 (93). In relation to the number of war widows, whereas it is possible to count the number of widows in censuses and surveys, data on cause of widowhood either is not collected or is not made available if collected.

Data on conflict deaths and injuries, including sex crimes, is extremely problematic. Data on rapes would be extremely valuable for estimating the scope and scale of health interventions, given the prevalence of HIV/AIDS in many conflict countries, many of the victims being women widowed as a result of the fighting. Conflict deaths and injury statistics are almost always very loose estimates in the case of many developing countries, given the lack of war time record keeping systems in these countries. Employing professional demographers, as in the case of Congo above, rarely happens. With respect to gender, “there are relatively little sex-disaggregated data on the impacts of armed conflict; and indeed the difficulty of collecting data in any conflict zone means that there is usually little dependable data at all” (94). Therefore at the present time, there appears to be little or no data on the number of war widows with sexually transmitted diseases contracted as a result of military and random criminal actions.

Estimates produced for the year 2000 by Murray et al (2020) show significant excess deaths of males, particularly from 15-44 years of age. This indicates that there is clear scope for a sizeable number of widows, given the high male death rate affects the prime male productive age group. One estimate suggests that the proportion of widows in conflict societies can be as high as 30 percent of a country’s total adult population (95).

In terms of the actual number of war widows, no up to date global figure exists, but some better documented country-level examples stand out. These are Afghanistan with up to two million, Iraq 740,000 to eight million, and Rwanda, 370,000 (confirmed Rwandan 2002 Census data) (96).

5: Consequences of Widowhood – Developing Countries

The negative effects of becoming a widow have far reaching consequences for societies at large. These range from the mass poverty of pension-age women, to severe destitution, as well as

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93 Data from Figure 13.1, Black (ed.), UNRISD (2005: 210).
outcomes not dissimilar to more serious types of war crimes in some developing countries. Ultimately, each of the consequences represents a deprivation that requires immediate action, because if left unaddressed, the negative ethical and economic costs, both of which are interlinked, will be felt with increasing intensity by societies around the world. As a result, there are implications for the world’s ability to achieve the Millennium Development Goals (MDGs), due to the cross-cutting themes widows’ deprivation involves, such as gender equality and the link between widows’ deprivation and girls’ deprivation.

The basic themes examined are the consequences for widows and women who have lost partners of: 1) moving into poverty and the intensification of existing poverty, 2) health risks and outcomes, 3) threats and outcomes for widows’ children, 4) widows’ social marginalisation, and 5) the impact on widows’ deprivation of social norms. These themes run and overlap throughout the consequences of widowhood, which are presented individually and are also do not change when looking at widows’ deprivation in developed countries. The only exception is the impact of social norms, which have far less practical direct impact on the well-being of widows in developed countries.

5.1: Loss of Husbands’ Income, Disinheritance, Government Neglect, Social Exclusion

Four factors determine the consequences of the loss of a husband or partner for women: 1) loss of husbands’ (or partners’) income from paid employment, 2) availability of adequately paid employment opportunities for women together with childcare, 3) rules of inheritance of property (both formal and informal), particularly land for rural women in developing countries where the impact of a lack of sons is significant, and 4) the existence or not of a welfare state (covering especially healthcare, childcare and education), currently being referred to in the research on developing countries as social protection (97).

The consequence of loss of a husband’s income on the husband’s death is a straightforward issue, as the income he once earned is no longer available for the surviving wife (or unmarried partner and de facto wife) and any dependent children. A programme by the World Bank and Indonesian government that focused on widows, started in 1999, stated, “the link between widows and poverty is well-known. Loss of an adult male is economically devastating to already poor families” (98).

How severe the impact of this material change in circumstances is depends on the remaining three factors 2-4 above. The evidence from round the world suggests that in too many cases, all three factors present themselves simultaneously in the least advantageous ways, compounding

97 On the economic impact of sons – existence and lack of – on widows, see Cain (1986;1988) on Bangladesh and India; Croll (2000) ch. 2 and 3 on China, South Korea, Taiwan, Vietnam, Bangladesh, India and Pakistan; see for example Barrientos et al (2008) for a comprehensive overview of social protection, while in developed countries it continues to be referred to as welfare regimes or welfare state policy, see for example, Alcock et al (2009) for rare coverage of a large range of countries, including Russia.
one another and ensuring widows and their children move into extreme poverty. Jody Heymann’s international study on families in poverty demonstrated the wide international incidence of income induced poverty for women and their dependents when families go from two incomes to one, or as is often the case, from a better paid male income to a very badly paid female income when women lose their partners or husbands.

The big-picture view of the prevalence and severity of loss of income for widows as a group, from premature male death, is provided by a rare multi-country poverty study by the World Bank. This study on causes and processes of poverty asked individual men and women around the world about the causes or “triggers” of (“downward mobility”) into poverty. Data in the study are ordered by the following broad geographic groupings of “Africa, Asia, Eastern Europe and Central Asia, and Latin America and the Caribbean”.

On the causes for moving into poverty for women as widows, (all regions combined), 43 percent of women cited “illness, injury, or death” (World Bank’s wording) as the primary cause as compared with only 23 percent of men.

Combining men and women together, overall, “illness, injury, or death” was the most common out of the 17 poverty triggers the study recorded. Nearly 35 percent of men and 20 percent of women reported the reason for their falling into poverty was “loss of employment or fewer opportunities”, which includes, “a decline in temporary and seasonal wages.” Section 5.1.1 below will look at the impact of loss of husbands’ and partners’ income in more detail.

5.1.1: Loss of Husbands’ and Partners’ Income, Low Wages and Lack of a Welfare State

In many country contexts around the world, women, and in particular widows, are either not permitted to take up paid employment at all, or find it difficult to obtain, and/or are unable to find dignified types of work – for example traditional birth attendants, midwifery, and prostitution (101). Even where they do, they will be paid less than men, sometimes significantly so. Income inequality between men and women, with women often paid significantly less than men, comes on top of men’s wages in manufacturing and agriculture already being low and typically insufficient to maintain families in the absence of welfare states. In addition, if women are to take up full-time work due to the loss of a spouse or partner, childcare is required, which brings additional costs and daily logistical considerations. The international significance of the childcare issue has been specifically investigated and brought to light in a recent international

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100 Figure 11.3 “Shocks and Stresses Causing Downward Mobility: Triggers of Downward Mobility by Gender,” p. 253, in Narayan et al, World Bank (2000), additional quotes, p. 254. The study covers the regions indicated below using a 23-country sample.
101 For example rural women in general face high restrictions on external activities, including paid work outside the home, for rural Jordan see Shukri (1996: 59-63), for rural north India see Sangtin Writers and Nagar (2006: 72-77); low status work or work lacking dignity in rural north India is birth attendants’ work (midwives), see Jeffery and Jeffery (1993; 1996); internationally, prostitution is frowned on.
study by Jody Heymann (102) and was shown to be a significant problem across all global regions, especially for women in low pay employment.

The problem and risks of inadequately paid work and lack of childcare comes through clearly from the testimony of a Bangladeshi garment worker widow in 2008. Salma (name has been changed), a garment factory worker in Dhaka in her mid-20s, whose husband was killed in a factory fire, gave the following account during a awareness raising campaign on the exploitative working conditions of workers producing clothes for the OECD market:

“Working hours per day are from 8 am to 10 pm, with only a 15 minute break. Work pressure is high: there is not time to go to the toilet, which are very dirty and too few in number, there is no safe water to drink, some have caught typhoid from it. We are often not paid on time, and overtime is sometimes not paid at all even when it is due. I earn £25 a month, £40 if I am in luck through overtime.

“Workers do not get the legal entitlement to maternity leave. Factories sometimes have very bright lights or not enough light. The air in the factories becomes extremely hot because of the outside temperature and the lack of widows, most of which are very small, and again, there is nothing to drink. Chemicals on the fabrics are not handled with protective clothing. [Air-borne particulate matter from the cloth will also pose a significant respiratory hazard if not controlled.] The buyers require two things of factory owners for the workers, a canteen and a children’s daycare facility. But in my factory, we are not permitted to use them, and are told that we should tell anyone who asks where the children are, that we have no children, so we don’t need the children’s facility.”

A trade unionist representing Salma said the wages widows earn do not support a family, resulting in them living in slums, which are located far from the factories in the case of Dhaka. And when the factory workers, 85 percent of whom are women, agitated, not for a living wage, but for at least equal pay with men, some local Mullahs (Islamic clerics) condemned equal pay with men, saying if obtained, the women would, “burn in hell”.

On top of this, buses are not affordable on a daily basis, so they have to walk (a two hour commute one way), which, with a late evening finish, means women are said to be at risk of sexual assault. Because of the working conditions, workers spend no more than six to ten years in the industry.

Salma was able, through the trade union, which fought her case, to get compensation for the death of her husband. Because she is widowed, and the factory does not allow the childcare facility to be used, Salma’s son, her only child, lives with her parents in the countryside. Salma is only able to see her son twice a year, usually during Eid. The western company that outsources

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the production of its clothes to her Bangladeshi company requires their Bangladeshi contract to include child care for employees with young children (103).

Without her husband, she is locked into this highly demanding poverty trap with heightened risks and accumulating negative impact to her health. Without remarrying, and with only one young child as a possible source of future support, who is yet to survive to adulthood, she already faces a heightened risk of deeper deprivation and outright destitution. There are three million Bangladeshi garment workers, most of them are women.

Even widows whose husbands have left them funds are not immune to the problems faced by the group in which they unwittingly find themselves. Kidan Felomon, an Eritrean widow thought she might be one of the lucky ones until reality proved otherwise:

“I am a 47-year-old widow and I live in Asmara, the capital of Eritrea. I have nine children. The oldest is 20 and youngest is seven. My husband died of AIDS in 1999. He was a well-to-do merchant who travelled between Eritrea and Ethiopia. He did not tell me that he was infected with AIDS. Three years before his death I asked the doctor who was looking after him to tell me the cause of his sickness and he told me that my husband was suffering from liver cancer. But later, one of the nurses who were coming to my house weekly told me that my husband was infected with the virus. When I found out that I was HIV-positive too, I felt like killing my children and myself. The illness of my husband totally impoverished our family. I sold all our furniture and jewelry to support my family and pay for my husband’s medical expenses. I had 70 to 80 grams of gold, which my husband had bought for me, but I had to sell that too. There were times when I could not give food to my children. Once, my children went without food for a whole day. In the evening I gave the last plate of pasta to my husband and did not know what to give to the children...” (104).

In Cambodia, widows do not suffer from the levels of gender discrimination seen in Sub-Saharan Africa, South Asia and the Middle East, due to the reciprocal nature of kinship practices between husbands’ and wives’ parents’ families. This means married daughters are able to assist their widowed mothers on the mothers’ agricultural plot, an unlikely scenario in northern India, where married women are deliberately isolated from their parents (105).

However, Cambodia still provides a prime example of large-scale widows’ deprivation, due to the country suffering from widespread and deep poverty induced by economic underdevelopment, and due to international and internal military conflict, including a heavy incidence of landmines

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103 Interview of Salma by the report author in 2008. Her name has been changed for her protection.
105 Lee (2004: 4-6).
Table 5.1 Maternal Mortality: Indicator for quality and/or existence of Government Social Protection (Welfare State): Deaths in Child Birth per 100,000 Live Births, 2000

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<th>Deaths in Child Birth per 100,000 Live Births, 2000</th>
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<td>1,000 or more</td>
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<td>Afghanistan</td>
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Table Note: Source: State of the World’s Children 2007, UNICEF. The data in the table are for the Maternal Mortality Ratio: defined as “the number of deaths of women from pregnancy-related causes per 100,000 live birth during the same time period.” Definition as worded in the “Women” data table in the State of the World’s Children annual reports by UNICEF. Individual country data is available in the UNICEF report, available online. Maternal mortality shows the largest discrepancy between developed and developing countries of all health indicators monitored by the World Health Organization (WHO).

and UXO. A significant section of the country was carpet bombed with high explosive and air deliverable landmines during the Vietnam war, to this day denying the land’s use for livelihood purposes. Cambodia is one of the 49 countries designated by the UN as “least developed” (Least Developed Country (LDC) status) (106). Around 80 percent of the population is rural, and rural widows are reported to be unable to support their children through agriculture, requiring a diversified livelihoods strategy. However, unlike the post-conflict situation in Afghanistan, widows have been able to move into male work roles in the face of the shortage of men caused by the Khmer Rouge genocide (107).

Clearly effective social protection or welfare states, including free healthcare (free, meaning with regard to at least non-elective medical treatment), income support, childcare, and free children’s education would make a significant positive difference for widows. The minimum requirement of these is income support, while a truly effective regime would include at least free healthcare and childcare as part of this minimum (income support includes pensions for older people). As a proxy for the effectiveness of welfare state provision as well as its existence, Table 5.1 looks at data on deaths of mothers in childbirth for nearly all countries. Maternal mortality is a very effective indicator of health systems quality and coverage because of the multi-faceted nature of

107 Lee (2004: 4-6).
effective maternal health care – it has significant complexity – covering pre-pregnancy, pregnancy, child birth and post child birth stages of medical care required to ensure women stay healthy, with a particular emphasis on logistics. In Table 5.1, countries with poorly functioning or non-existent welfare state are at far left, and those with very effective and “gold standard” ones are at far right. Afghanistan versus Austria sums up the measurement scale. A gradation of groupings lies in between.

Table 5.1 measures the coverage and effectiveness of welfare state provision globally using maternal mortality as an indicator. Countries with the highest maternal mortality, such as those in Sub-Saharan Africa, or in Afghanistan, are known to have very low quality or non-existent welfare state provision. Child mortality follows a similar pattern, and can be seen in the table in the appendix to this section. Similarly, as shown in the section on war widows, women who are effectively widowed by conflict, but who cannot prove their husbands’ deaths, are denied government income support resulting often in severe poverty that threatens health and life expectancy. The opposite outcome is clearly demonstrated by those East Asian countries with welfare state provision in core areas of health, education, and income support for vulnerable groups (108).

The following example highlights the importance of welfare state provision in the context of deaths of husbands through HIV/AIDS. It demonstrates the start of a downward spiral for the surviving family. The story of Lorato, a young widow in Botswana illustrates only too clearly what happens when employment and family support fails and the welfare state does not exist.

Lorato is the mother of three children – one year old Unity, three year old Masilo, and seven year old Ontibile. She had been maintaining her children on a small income provided by her partner, Baruti, which amounted to 600 pula ($129 US). However, Baruti died of HIV/AIDS, resulting in an immediate crisis for Lorato and the children. She not only faced a dramatic drop in income, she now had to find child care if she was to work enough to support her children. She was forced to choose work that allowed her to take the youngest child with her, and left the two older children alone at home. However, further complications arose when the youngest child became ill. Caring for the ill child prevented her from working, which meant she did not get paid. She recounts:

“With the money, I always made sure I paid the rent first. If we didn’t have accommodation, it would be extra difficult. We make sure we pay the rent and with the money that is left we buy food and try to live off piece jobs. I used to get my money from piece jobs and buy some used clothing for my baby - the shawls, vest, socks. There was another lady we knew who worked at the clinic. Because other children were getting food from the government and were picking it up at the clinic, we usually asked her to give us some cooking oil. She’d take some for us if she could manage it. Sometimes it was paleche [corn porridge], beans, or milk. She would help us in that way.

“After Baruti passed away, I think my children noticed a change in my care. My ability to provide food for them and other needs had changed. [Before he died], there were times when there was a favourite meal- meat with beans. Very soon, it wasn’t there, and they started asking for it. I’d just tell them, “Look, I have only porridge today, so you’ll just have to eat it.

“I was lucky I got a job as a maid, so I had to get someone to look after the children while I was out at work. But I came back after a very long time, and my baby had the same diaper on as when I left. Even now, my child is being treated for her diaper rash. The baby still has it.

“[The care provider] had taken her [own] baby and left my children hungry and with no one to take care of them. When I came home, my youngest son had eaten a chongololo [a type of centipede]. They have many, many legs. He swallowed one and its legs were all over his throat. The legs had to be taken out at the hospital.

“My baby started to get sick in the beginning of December. Although I was breast-feeding her and she ate and fed well, she stated vomiting after eating. I watched her, thinking she would be okay-giving her porridge often during the day so that she would still have her strength. I gave her some water and she got better. On the 16th, I decided to bring her to the hospital because she had started to have diarrhea by now. She was admitted that same day in the hospital, and on December 25th she was getting better. On the 29th, it started again. That’s when she didn’t want to eat anything- she didn’t take any food. Only recently, one of the doctors here asked me if people ever visited me who were my guardians and who were close to me. I started getting worried. What if something serious were to happen? What if I’d have the world’s worst problems?

“I really can’t afford anything because I’m not working and there really isn’t anyone who is helping me with anything. None of my relations have come to visit me except my sister...When we were first here at the hospital, she gave me 50 pula from her money (her boyfriend) had given her. In that sense, that’s all I can live on. Sometimes the people who are in the hospital as well send me to go to a tuck shop (a small informal stand or stall close to a roadside which sells basic provision) and then on the way I meet somebody I know. They’ll say to me, “Here’s 5 pula, go and buy yourself a drink.” I don’t use that money for drinks; I make sure that I buy soap.”

Jody Heymann, the author of the international study that featured Lorato’s case, documents similar conditions for widows and their children in Honduras and Vietnam. She explicitly focuses on the need for adequate state funded childcare, among other free-at-the- point-of-use social goods such as healthcare, if low-income single parent families, such as widows’, are to survive (109).

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109 There is a straightforward economic cost to the economy of not providing these types of social goods, which are readily understood as investments in productive capital, namely, human capital. They need to be thought of in the same terms that replenishing and upgrading the physical capital stock – plant and machinery – are. Parents must be enabled to impart and imbue children – who are future workers – with the required levels of skills if they are to be economically productive. Heymann found understood as investments in productive capital, namely, human capital. They need to be thought of in the same terms that replenishing and upgrading the physical capital
Other researchers have noted the simultaneous confluence of loss of income, lack of employment, lack of a welfare state and loss of inheritance. The following is an observation by Chen and Drèze, both internationally known for their research on widows deprivation, in their research on India: “The north Indian widow tends to be a highly marginalised person. She typically receives very little support from persons other than her own children, and even when she lives with one or several of her adult sons she remains highly vulnerable to neglect. Further, her ability to engage in income-earning activities of her own is severely restricted, partly due to various patriarchal norms such as patrilineal inheritance and the division of labour by gender [i.e. limited options for women to have paid employment]. The consequences of this social and economic marginalisation are manifest....in poor health and high mortality levels” (110).

In India, the widely held view that older widows are adequately cared for by their children is only partly true, based on the evidence of older widows living on their own or being evicted and abandoned. This is of great concern, given the sheer number of widows in India and that 41.6 percent of widows are living in extreme poverty. The 2001 Census of India recorded 34.3 million widows, which the current report has estimated will reach at least 42 million by 2010 (111). A medical NGO working in a rural area of the Indian state of Haryana identified widows with dependent children as the group least likely to be able to afford healthcare, the widowed mothers being able to secure only one meal a day. In another example, an aid worker from the NGO Action Aid’s Bangalore office visiting a rural area in the state of Karnataka, found a family who had placed their elderly widowed mother in a type of cage. This was done because the old woman, while left alone in the house, had a habit of breaking things due to her frail condition. While the first response to a case like this can be to view this is a barbaric act, it should also be considered that there is no government welfare state for provision for home help for a family in this position (112).

The town of Vrindavan, in the state of Uttar Pradesh, northern India, itself acts as barometer of the widows issue in South Asia. Research has indicated that it has population of 16,000 widows

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111 Government of India (2008: 5). Two estimate procedures used by the current Loomba Foundation report author both produce at least 42 million widows for the year 2010: one method uses the average growth rate in the numbers of widows using the 1991 and 2001 Indian Census figures; the other applies the proportion of widows of the corresponding total female population in 2001 to that population in 2010. Population data used are from the UN Population Division, *Population Prospects: 2008 Revision.* Note that for India, a figure of 44 million widowed women for (2001 Census) has been cited in error by several sources. This figure is for “widowed” men and women, not women only. The term “widowed”, when used without further reference to gender, is used by several countries’ censuses to refer to the total of men and women who have lost spouses. Haryana reference: Reported by the medical NGO known as ABLE Charities in a 2007 promotional video, available on YouTube.
112 Information from interview by widows report author with Action Aid (Bangalore, India), in Bangalore, December 2009.
who have been abandoned there or sought refuge in the community. Some have been there since early childhood as child widows. The situation in Vrindavan has recently been captured in the documentary The Forgotten Women, while a photo essay with testimonies was prepared by the photographer Fazal Sheikh. Vrindavan was also featured in an article on Indian widows in The Economist news magazine (113).

In all cases of widows in poverty documented in this report, the outcomes for these women as the result of becoming widows would have been significantly improved had government welfare state provision existed and operated in an effective manner. However, where welfare states exist, they must be properly managed, if not, they effectively cease to exist in practice. An example of poor management in this respect is given by the Philippines between 1969-88, where healthcare provision was provided by the private sector and the government paid for people’s access. However, the government failed to apply effective cost management, allowing providers to increase prices to the point that the government was no longer able to provide effective healthcare and low-income recipients suffered. By 1988, government covered only 30 percent of “average hospital costs.” In India, the complete collapse of the public healthcare system in many parts of the country “for reasons other than under-funding” has been noted in government research (114).

The effects of inadequate welfare state provision is given by the following example from Egypt:

“My son ran away from home and left me. He blames me for remarrying at my age. But tell me, what should I have done? I tried for two years to survive on my own after my husband died. I tried to work but could not find a part-time job, and I have no skills but to clean other people’s houses. I went to MOSA [the Egyptian Ministry of Social Affairs] (115) and they gave me 34 [Egyptian] pounds a month. But I need more than 200 pounds to barely survive and to pay for the children’s school. I was unable to work. I really tried. (Sitohom, 32, widow who remarried)” (116).

5.1.2: Disinheritance and “Grabbing”

Loss of income from the death of the male head of the household driving widows and their children into extreme poverty is often compounded by disinheritance in developing countries (117). Disinheritance consists of the widow being dispossessed by her late husband’s family. While there are no statistics on disinheritance, a careful reading of the evidence indicates it is a

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115 MOSA administers welfare benefits for members of the public who are not part of the labour market.
117 Tinker (1999: 9-11) shows that the property rights issue has only recently been taken up by the international women’s movement.
widespread problem, taking in several regions of the world, specifically South America (118), Central America, across Asia (119), Sub-Saharan Africa (120) and the Middle East (121). At its worst, it involves not only property, but also the confiscation of children. Inheritance rights of women as widows are therefore a major area of concern for the well-being of widows and their dependent children, which has been officially recognised by the UN agencies IFAD – the International Fund for Agricultural Development – and the Food and Agriculture Organization – FAO (122).

Disinheritance takes several forms, differing in combination across developing countries; it includes: loss of control of the family land, housing and ordinary household property, farm assets of all kinds, outright eviction and complete loss of all property resulting in abandonment of the widow and her children (i.e. expulsion from the extended family); while in other cases it exists as eviction of the widows with complete property loss together with confiscation of her children by the husband’s family.

Why does disinheritance of widows’ property happen? It happens due to 1) gender inequality that penalises women, based on two reasons, first culture – “good women do not inherit land” (123), or if they can, they must choose between freedom to re-marry by choice and losing their children to in-laws, and second, practical reasons – difficulty in obtaining agricultural inputs, 2) economic pressures in rural areas – ever decreasing farm size in areas of increasing population density, and 3) formal and customary inheritance laws that do not allow widows to inherit their husbands’ property.

The majority of developing country women are rural (124), supporting their families through subsistence agriculture. However the land they work is typically owned and/or controlled by their husbands. Many newly widowed women are instantly disinherit illegally and legally and therefore lose this source of unearned/non-cash income as well as the husband’s cash income. They become homeless, sometimes with their children, other times on their own as the children can also be confiscated by in-laws. The risks to these women’s well-being then become acute malnutrition, rape, prostitution, debilitating and fatal diseases, and adverse weather conditions (125). If their children go with them, they face the same hazards, together with loss of education and the risk of child labour.

120 Asiimwe (2002) for Uganda.
121 Moors (1996) for Palestine.
122 See IFAD 2009, 2000, 1998a, and 1998b with reference to FAO.
123 Quote from the Santal community of Jharkhand state, India, is the title of book, see Rao (2008).
124 The exception is Latin America, with a highly urbanised population.
125 Tipple and Speak (2009: 135), cite homeless widows’ risk of rape, and HIV/AIDS risk from remarriage to avoid homelessness in the context of disinheritance.
The Property Rights Alliance, an NGO based on Washington, D. C., produces an annual monitoring report on property rights around the world, known as the International Property Rights Index (IPRI). The report includes a version of the index that takes into account gender equality, and the relatively lack thereof, in property rights between men and women. One of the gender variables in the index is inheritance. Out of ninety countries the index had data for, representing nearly half of countries in the world, the 2009 IPRI report found that the most gender equal country in property rights was Finland, and the least gender equal was Chad in 90th position. The top ten countries include all of Scandinavia, together with the Netherlands, Germany, New Zealand, Australia, Switzerland and Austria. The bottom ten were, from position 80 downwards, Nepal, Pakistan, Cameroon, Zambia, Albania, Ethiopia, Nigeria, Angola, Zimbabwe, Bangladesh and Chad. The 2009 IPRI report also notes that (126):

“Women’s equal rights to the free possession, enjoyment and disposal of property are a universal human right recognised by international human rights treaties including the Universal Declaration of Human Rights (UDHR) (127). In fact, the recognition of “the same rights for both spouses in respect of the ownership, acquisition, management, administration, enjoyment and disposition of property, whether free of charge or for a valuable consideration [and] to have access to agricultural credit and loans, marketing facilities, appropriate technology and equal treatment in land and agrarian reform as well as in land resettlement schemes” (128) are universally considered as part of elimination of all forms of discrimination against women”.

Disinheritance applies in a loose and strict sense. In the loose sense, in parts of Sub-Saharan Africa, women may not have the civil legal or customary right to inherit their husbands’ land, but instead have the right to reside in the house where they lived with their husbands and have use rights to the land. Disinheritance in this case involves being evicted from this house and not continuing as a part of the husband’s wider family. The strict sense of disinheritance operates in the standard legal meaning of being entitled to inherit by law, but being prevented from acquiring the inheritance due to any of a number of illegal blockages, typically applied by other male family members of the deceased husband. The end result is that male family members acquire the land and property of the widow. As well as Sub-Saharan Africa, this is a common occurrence in South Asia, and to some extent in Latin America, in spite of the latter’s generally more favourable legal inheritance provisions for widows (129).

In the case of South Asia, with specific reference to northern states of India where most of the population lives and where widows deprivation is particularly intense, the following picture emerges: writing in 1994, noted researcher Bina Agarwal observed, “in practice....the
fragmentary available evidence suggests that many [widows] who are eligible to inherit do not, and those that do inherit do so mostly on severely restricted terms.... In most cases women do not inherit the absolute estate they are entitled to under contemporary Law” (130). More recent evidence for north east India published in 2008 by Sindhu Phadke finds that widows, whether Hindu or Muslim, are unable to inherit across most of the states in this region of the country in spite of laws for both groups specifying the right to inherit. Indigenous ethnic groups in the north east typically follow strong patriarchal norms, resulting in widows not inheriting property. There are exceptions, such as in Tripura state, among the Tripuri and Jamatia indigenous groups, where some small inheritance concessions exist in social norms, and among others in other states, but they are in the minority (131). It needs to be kept in mind when drawing conclusions that there are exceptions, however given the limitations of space in the current report, it is not possible to list every exception to the rule of inheritance discrimination. Other recent evidence published in 2009 for most of the rest of northern India (central and west) also shows that inheritance discrimination against widows is the general norm. It states:

“...in the tenurial laws of northern India, namely, [the states of] Haryana, Himanchal Pradesh, Punjab and Uttar Pradesh (as also in Delhi and Jammu and Kashmir), the specified rules of devolution of land show a strong preference for agnatic succession, with priority being given to agnatic males. In all these state the tenancy devolves in the first instance on the male line of descent. The widow inherits only in the absence of these male heirs...She also loses her land if she remarries or fails to cultivate it for a specified period, usually a year or two” (132).

In the northern Indian state of Jharkhand, near the states of Bihar and Uttar Pradesh, an example from the indigenous ethnic group the Santal, the significance of the absence of male heirs, a widow’s young age are illustrated, and place of residence:

“Married at the age of 20, widowed at 32, Jharna has two daughters aged ten and six years. After her husband’s death, she moved to her parents” home in a nearby village. She earned wages through labour [to pay a man to plough her land] in order to cultivate her husband’s land, one acre in all. When she returned to Bagdiha to cultivate, however, she found that this land had been ploughed over by her husband’s brother and father. On being questioned, they denied her claims on grounds that she had only daughters, while her husband’s brother had a son. The community leaders held a meeting and decided in her favour. She started cultivating the

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130 Observation by Bina Agarwal (1994: 254-255), a pioneer in women’s property rights studies. Agarwal (1994) remains a core text. For north east India, for which there is limited reach a valuable recent text on widows inheritance is Phadke (2008). The Hindu Succession Act allows for widows” inheritance of husbands” property.

131 Phadke (2008: 171). This research work is an exhaustive overview of the numerous social and ethnic groups” social norms with respect to women, with consistent inclusion of norms with respect to widows. In India, the primary religious groupings are Hindu (largest) and Muslim (second largest).

land...Though she is prepared to pay the full wage for ploughing her land, they [her father and brother in law] ask other men in the tola [hamlet, small village] not to plough for her” (133).

Few countries in Sub-Saharan Africa “…have legislation in place designed to assure women’s access to land and property.” The countries that do are reported to be, as of 2006, Burkina Faso, Eritrea, Malawi, Mozambique, Niger, Nigeria, Rwanda, South Africa, Tanzania, Uganda and Zimbabwe (134). East Asian countries, particularly those with communist origins in the second half of the twentieth century, appear to have the most egalitarian legal systems of inheritance for widows, even though practice again, as in many parts of the world, has not mirrored the legal position.

Inheritance practices in Islamic societies are also more clear-cut on paper with the existence of Islamic inheritance rules applying, in principle, internationally across borders. Islamic inheritance laws allocate a specific portion (a percentage) of the husband’s estate to the widow. A clear quantitative standard is reinforced by the authority afforded by religion, however the specified share of the estate will be inadequate for livelihood purposes in most widows’ cases (in most cases widows will be from low income backgrounds). The rule is that on the death of a husband, a widow with children receives one-eighth or 12.5 percent of the husbands’ “property and assets accumulated during the marriage” (135), and one-quarter or 25 percent if there are no children.

However, Islamic inheritance rules and the assumed respect for the Qur’an do not always hold in reality however. In fact, “one must always keep in mind the difference between law and custom when dealing with women in Islam, for often Islam grants them rights which social custom strips away” (136). Although internationally, there are local divergences from this unfortunate rule of thumb, customary law in Berber parts of Morocco and western Algeria and customary law in Kurdish tribes in Turkey, as throughout the Middle East for most tribes, women have no inheritance rights at all. Muslim widows in the north eastern Indian state of Assam do not inherit (137). In Bangladesh, for example, it has been said that, “....in the absence of a mature son, survivors [widows] are at substantial risk of economic decline during the transitional period [after the husbands’ death], because of the insecurity of property rights and the appalling vulnerability of women in this society (138). Examples from the Nablus area of the West Bank in Palestine follow the same pattern: widows can be disinherited if they are young, have small children

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134 Quote and all countries, other than Eritrea and Nigeria, reported by Sweetman (2006: 2). Eritrea rights in inheritance for widows reported in Tekle (1998: 2): as of 1998, “contemporary [Eritrean] law, for its part, states that equal status at marriage extends to equal access to land and capacity for owning it; it also requires the removal of any discrimination in property-sharing [i.e. inheritance] upon divorce or death, with the acknowledgement of the right of the wife to half the marital property irrespective of whether she contributed financially to its acquisition or not.” Nigerian civil law inheritance rights for widows reported in Immigration and Refugee Board of Canada (2000).
135 Sonbol (2003: 159).
137 Phadke (2008: 155).
(especially girls), and are not on good terms with in-laws; often property, such as land, is distributed to other male in-laws in order to avoid it going to the widow (see section 5.3.4). The situation in Afghanistan is still many times worse for widows (see the section on war widows). And in Pakistan, as shown in research carried out in 2001 for a report on women and poverty in Pakistan, focusing on parts of Sindh and Punjab provinces found, “very few widows, especially those with small or not male children, are allowed access to their deceased husband’s land or income. Whereas some women from landed backgrounds are at least taken care of by their relatives, many women, especially those with little backing from parents or siblings, are left to their own devices”. Numerous other examples of individual widows’ loss of husbands’ land were recorded in this research on Pakistan (139). A survey on the reality of women’s inheritance rights carried out in 2009 in southern Punjab (in Pakistan), found that survey respondents most often sited the reason for women in general – as opposed to solely widows – not inheriting was a widespread social norm against women’s inheritance (140).

The Iranian situation has often been no better: “historically, Iranian women have experienced a sharp diminution of economic and social authority after their husbands’ death. Inheritance laws give a widow a very small proportion of her husbands’ wealth (one-quarter of moveable assets if they have no children and one-eight if they do). The rest goes to the children, the parents, and the siblings of the deceased. In most cases her son becomes the main provider for the widow” (141).

Alternatively, as with the Muslim matriarchal communities in Sumatra and Java in Indonesia, customary inheritance practice applies in favour of women (in contrast to a section of southern Sumatra, see material on East Asia below). It has been noted elsewhere in research that there is no uniformity in Islamic practice with respect to widows (142).

Unpredictable outcomes are possible in Islamic societies as shown in Lebanon in 2001: “a new law passed without discussion by the Lebanese cabinet has deprived Palestinians of any future house ownership in Lebanon and – in a clause that has astonished and appalled those who already own their own homes – has forbidden Palestinian men from passing on their property to their wives or next of kin when they die. Grieving Palestinian widows in Lebanon can now look forward to eviction from their family homes, which must, by law, be sold to Lebanese” (143). In Palestine itself, widowed women find it is crucial that they are on good terms with their late

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139 Chaudhry (2010: 61-62; 90-91; 103-104); the quoted text is from p. 61 as it appears in Chaudhry (2010), and is her own analysis. The locations researched were: Larkana district (northern Sindh), Nawabshah district (central Sindh), Attock district (northern Punjab), Faisalabad (northern Punjab), Hafizabad (northern Punjab), and Muzaffargarh district (southern Punjab). This research was originally published by Sustainable Development Policy Institute (SDPI), Islamabad, Pakistan.

140 Awaz Foundation Pakistan: Centre for Development Services (CDS) (2010: 12).


husbands’ relatives in order to inherit. Disinheritance often happens before the husband’s death by his redistribution of property to other family members – on his death there is no property left to be inherited (144).

More generally, it appears that there are striking parallels with rural northern India and rural Sub-Saharan Africa, as shown in the case of rural Jordanian society: “The right to inherit land as a widow has not always been easy for a woman to assert in practice. A widowed woman cannot alienate the land – in effect she merely acts as custodian of it until her sons grow up. A widow who has no children is unlikely to be able to claim the property in practice, exercising only the right to maintenance for herself from her husband’s family which custom has always permitted. Is she has small children it may still be difficult for her to assert her right to take over the land on their behalf unless her own kinsmen are prepared to help her put up a fight. Otherwise her husband’s kinsmen are likely to put every obstacle in the way of her registering the land in her own name” (145).

Conversely, while the lack of economic growth is one of the key reasons Sub-Saharan African widows face disinheritance, with families therefore viewing the death of a relative as the only opportunity for economic gain in their lives, in several East Asian countries the cause of disinheritance is sometimes rapid economic growth and economic transformation. The starting point of the economic transformation now taking place is succinctly presented by Irene Tinker and Gale Summerfield, two women’s development specialists who have provided some of the limited amount of research on women’s property rights in East Asia:

“When the communist governments were set up in Vietnam, Laos and China, nominal rights were granted to women. The peasant leaders of these socialist movements realised the importance of the connection to land and granted land use titles to women as well as men; land was and is still officially owned by the state in these Asian countries. Housing in the countryside remained private, but in the city state-owned enterprises offered employees subsidised units at less than 5 percent of a worker’s salary; these could be allocated either to women or men but in reality were given out through the man’s work unit. Because China began its socialist phase in 1949, most urban households were living in subsidised units until recently; in Vietnam, which set up the socialist government in the North in the mid-1950s, and throughout the country in the 1970s, less than half the households were in state units in the North, fewer in the South. Laos, as a predominately rural country, had not yet introduced subsidised housing...” (146).

The reform process in these three economies began in China in 1976, when communes were turned into family farms and non-state businesses and self-employment were permitted, in both

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145 Shukri (1996: 67); see latter also for section 8.6 “Widowhood.”
146 Tinker and Summerfield (1999: 3). Note that the case of Cambodia was very much different, with an extreme form of communist ideology being applied; for example, the family, as unit, was dismantled, with families being broken up, and the population living in military-style, age segregated, barracks accommodation. Under these conditions, the concept of inheritance was irrelevant.
Laos and Vietnam it began in the 1980s, similarly with land being returned to private control and exchange through sale (147).

Economic growth and transformation adversely affecting widows’ economic position, has been demonstrated in rural lowland Laos and rural China. In Laos, women are losing traditional matriarchal property rights to male relatives because of flawed government land reforms. This has been reported as the result of the lower education levels of women versus men, and gender-divisive bureaucratic procedures (148). Forms to be filled to register land officially ask for the head of household, and with men’s greater facility with literacy, some have been using this to deliberately disinherit their female family members. This clearly demonstrates the crucial role of literacy and education on women’s well-being (149). The other key aspects of this process are gender insensitive government departments that assume there can only be a single household head and that this person is the husband, therefore ruling out the concept used in some Latin American countries of joint ownership of property in marriage (150). “For example, all-male teams from the strongly male-dominated Department of Forestry register household land, including the land inherited by the wife from her parents, in the name of the “head of household,” who is always understood to be male unless there is no adult male in the household” (151). Clearly, once widowed, women stand to lose property that was already their own.

Finally, the cause of the land titling process in Laos has been “in response to pressure and funding from multilateral lending agencies and bilateral Western aid donors” (152). While these international aid donors have indicated the need for, and their commitment to, gender sensitive development programmes and policies, they clearly have not been exercising the required level of oversight in programme implementation. Male bias with regard to international multilateral donor property titling programmes was also experienced in Latin America. Compounding intergovernmental international development agencies’ ineffectiveness in ensuring that all the implications of gender discrimination are addressed, including discrimination against widows, is the increasing reference by practitioners to “gender fatigue” (153). This is emerging against a backdrop of deliberate blocking of pro-women policies, including those focused on widows, by many developing country governments (154).

Research on Cambodian widows’ inheritance practices is difficult to come by. Quoting a 1968 source in the case of Cambodia, in 2006 Susan Lee implies that widows currently have full

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147 Tinker and Summerfield (1999: 3).
149 Viravong (1999: 153-161); also reported in Ireson-Doolittle (1999: 149).
151 Ireson-Doolittle (1999: 149). This is clearly a very rigid mindset, when land could simply be registered in the name of its owner, not the abstract and arbitrary concept of “head of household.”
152 Ireson-Doolittle (1999: 149).
154 Source: an international development gender specialist from an intergovernmental agency, recounted to the author in 2010 the example includes the blocking of initiatives to prioritise gender in policy formulation at the intergovernmental organizational level of the Commonwealth Secretariat (London).
inheritance rights to their husbands’ property and typically do inherit (155). However, it is important to remember that the family as an organisational unit, was abolished under the extreme communist regime of the Khmer Rouge. Under these conditions, the concept of inheritance was irrelevant (156). Another general reference states the following without further elaboration: “….in Cambodia, where laws provided for the legal ownership of land, widows encountered problems gaining legal possession because of their low social status and the indifference of local authorities” (157).

In Vietnam, the government’s land reform process explicitly recognised the right of women to be joint landowners with husbands. However, it was women’s lack of awareness of the benefits of joint ownership that was causing some women to miss out on joint ownership and a potentially improved economic situation once widowed (158). Similarly as in the case of Laos, the bias in government and among husbands with regard to the idea of the head of household being male, has lead to 80 percent of Vietnamese rural households being male- headed as of the second half of the 1990s. The land titling process in Vietnam used the same ownership-head of household criterion as Laos (159).

In rural areas of China, while the Chinese constitution guarantees the right of women to inherit property, “such provisions are seldom enforced in rural areas.” In particular, “according to the traditional clan and virilocial residence customs, women have no right of inheritance” (160). It has been observed that “widows in reform-era rural China still had difficulty claiming family property” (161), referring the period up to 1990. There appears still to be a strong and widespread social norm against widows’ independence in property inheritance and remarriage, also reported to exist in Taiwan (162). Chinese widows are expected to remain in their original marital home or with sons’ families, sons taking on the role of head of household after their mothers become widows. However, the massive economic transformation that has taken place and is continuing in China has produced more concrete burdens for rural Chinese widows, which will be covered in section 5.2.2.

However, these conclusions on East Asia need to be made cautiously, given that evidence exists from southern Sumatra in Indonesia of the use of customary law among the Batak community

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156 As mentioned in a previous footnote, under the Khmer Rouge, the family, as unit, was dismantled, with families being broken up, and the population living in military-style, age segregated, barracks accommodation. Under these conditions, the concept of inheritance was irrelevant.
162 “….even though the inheritance rights of women were sanctioned by law, they did not win wide social acceptance. Widows continued to encounter stiff family resistance if they tried to claim their rights to the family property they had helped to accumulate,” Gilmartin (1990: 210); for Taiwan see Kung (1997).
that denies widows rights to inheritance of husbands’ property. Evidence of violence, perpetrated by sons, and of sons stripping widowed mothers of all assets and possessions under the assumptions of customary law exists, although the evidence is not sufficient to determine how widespread violence and asset stripping is. Indonesia, as in other parts of the world, has more than one type of law in operation, each of which has different outcomes for inheritance by widows of husbands’ property. Customary law operates, as indicated, and written law consists of two systems, the Civil Code as devised by the former colonial power, the Netherlands, and Islamic law; in addition, there is the Marriage Act, which sits outside the other three systems, which specifies widows’ inheritance rights (163). In addition, a fourth type of law is developing, referred to as “judge made law” (164) or legal precedent, that arises from creative use of the three systems to deal with particular issues as they arise.

Just as the conclusion on the first group of East Asian countries covered above merits caution, because the rest of East Asia may not be the same, the same is true for Indonesia. While the Sumatran study showed there are serious problems for widows, a study of Java in Indonesia shows that in spite of land titling being in husbands’ names, the social norm, as in law, is that property is jointly owned by husband and wife (165). It is also worth noting, for inheritance purposes, that “nearly all of rural Java is Muslim,” (see footnote for specific rules of inheritance by widows) (166). However in practice, based on an opt-out rule – see consensus by heirs in previous footnote – Javanese use Javanese customary law for widows’ inheritance: “Under customary practice, a surviving spouse generally inherits all marital property and separate property if the couple’s children are still young. If the children are adults and the surviving spouse is elderly, all of the decedent’s property passes directly to the children. It is generally understood

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163 Irianto (2002: 92-96). Date refers to earlier version of paper, see Irianto’s first footnote. Current version cited is later draft, but no date specified. For a paper on widows and the law in Indonesia by the same author in Indonesia, see Irianto (2003); see also, in Indonesian, Ihromi et al (1996).


166 “In Indonesia, Islamic Law has been codified in a “Compilation of Islamic Law” which is used as the basis for legal decisions made by religious courts. According to Islamic law a Muslim can bequeath up to one-third of his or her property by will. Remaining property (or all property in the case of intestacy) is governed by Islamic succession rules. When a married person dies, half of any marital property becomes the separate property of the surviving spouse, and the other half of the marital property (the deceased’s share) devolves to his or her heirs as if it were separate property per a will or the intestacy rules. Rules for dividing separate property are more complicated. A widower is entitled to one-half of his wife’s separate property if the couple does not have children and one-fourth if they do have children. A widow is entitled to one-fourth of her husband’s separate property if there are no children and one-eighth if there are children. If the decedent had one daughter and no sons, the daughter is entitled to one-half of the property. If the decedent had more than one daughter but no sons, all daughters are entitled to split two-thirds of the estate. However, if the decedent had no sons, the share of any daughter and any son is figured such that each son receives a share that is twice as large as each daughter’s share. In general, if after the decedent’s spouse and children get their shares, there is still remaining property such property passes to the decedent’s parents and siblings......Heirs can agree by consensus to ignore the intestacy rules or the provisions of a will and distribute the property among themselves however they choose so long as each heir is aware of his or her actual rights under the Compilation of Islamic Laws,” Brown et al (2002: 5-6).
that if the property passes to the children while one parent is still alive, the children remain responsible for caring for their surviving parent” (167).

For East Asia there appear to be no indications, based on the available research in English, that widow destitution from eviction, as a form of disinheritance by relatives, exists as in the case of Sub-Saharan African and South Asia. Practically speaking, widows are not disinherited, in that they do not lose the use and access of home and land, rather they are not permitted to unilaterally alter the constitution of their property. At the same time there is technical disinheritance, as shown in the cases of Laos, Vietnam, and part of Indonesia.

The available evidence on East Asian widows indicates that they do not suffer biases against them based on concerns with symbolic status, such as inauspiciousness due to perceived immoral conduct in a past life in Hindu communities of South Asia, or the criminal exploitation of their assets and supernatural concerns perceived by Sub-Saharan African societies against widows. East Asian widows appear to have benefited from a higher cultural status in comparison (168), however, suspicion over their sexual availability does exist, covered later in this report.

While the evidence suggests that disinherittance is a relatively common occurrence in many developing countries across many regions of the world, the majority of available data, and the most serious violations of widows’ human rights with regard to property inheritance, focus on South Asia and Sub-Saharan Africa. Within these two regions, the majority of the data are for India, and to a greater extent, southern and eastern regions of Sub-Saharan Africa. For example, the majority of research references listed in a research publication that provides an annotated bibliography on women’s inheritance in developing countries, were for Sub-Saharan Africa, (the second most referenced area was India). Almost all of these references were for a small sub-set of countries: Kenya, Malawi, Mozambique, Rwanda, South Africa, Tanzania, Zambia and Zimbabwe.

Physical eviction from the family is a common feature of widows’ disinherittance ordeal in South Asia and Sub-Saharan Africa, with serious consequences for widows and their children. A study on widows working as prostitutes in Calcutta in north east India shows this only too clearly: “Munni is a twenty-four year old widow from Bihar. She has a nine-year old daughter from her marriage. Less than a year after her husband’s death, her in-laws threw her and her daughter out

168 This may be related to the generally higher status of women in East Asian society compared to Sub-Saharan Africa and South Asia, as well as the Middle East. For example in the case of Taiwanese Chinese society, young women do not necessarily need to marry before starting life independent of their parents, and sharply unlike the other three regions cited above. Young Taiwanese women have migrated to cities and taken factory jobs, from which they remit part of their earnings as repayment to their parents, in terms of the South Asian context, this is resembles a dowry in reverse. This has similarly been noted on mainland China with rural young women, many in their mid-teens, migrating to factory towns in their millions, and remitting wages to parents, see Chang (2008). In South Asia, the Middle East and parts of Sub-Saharan Africa, it would be unthinkable for young women, particularly teenage girls, to leave parents” home unmarried to take up paid employment (or even to take up paid employment when married, for example, especially in parts of South Asian and the Middle Eastern societies).
of the house. She travelled to Calcutta as she had a friend there who managed to get her a job working as a housemaid. The position was a live-in job, so she and her daughter had a place to live as well as the income...[after some time] her employer – the man of the house – started sexually harassing her. For months she had to submit to his sexual advances....One day his wife discovered what was happening and immediately threw Munni and her daughter out onto the street. For a while they begged on the streets. One day a woman approached then and brought Munni and her daughter to Kalighat red light [prostitution] area. Munni began practicing as a sex worker....She is resigned to her life here but does not want her daughter to join the profession. After paying her daily room rent....and paying the police their regular bribe to leave her alone, she is left with enough to employ an ayah [child minder for her daughter]....in the evenings when she works. Her immediate problem now is a landlord who troubles her a lot, who has beaten and raped her when she has been unable to pay the rent” (169).

For Sub-Saharan African rural women, disinheritance is a crucial issue, taking on a level of seriousness not typically seen elsewhere in the world, the region with the closest resemblance being South Asia. As elsewhere, Sub-Saharan African widows suffer from the lack of effective alternative livelihoods in the absence of subsistence agriculture and husbands’ cash incomes (170). With respect to property (171), what makes the Sub-Saharan widows’ situation stand out is the high risk of eviction by relatives upon becoming a widow, resulting in migration in a destitute condition with only the clothes they are wearing, as often all items of property down to cooking utensils are confiscated. Their chances of recovering their lives, and those of their children become that much less likely in the wake of the HIV/AIDS pandemic, when sex work becomes the only option for ensuring short-run survival. Disinheritance and property and asset grabbing-theft have also been reported in the case of urban widows in Nigeria. “For instance, family members [of the deceased husband] may have moved into the [widow’s] home, or taken the car, or cleaned out the family bank account” (172). In the case of young widows with no children, or with no sons, the chances of disinheritance and destitution are higher, as shown again in the case of Nigeria: “....if the man died without the couple having had children, it would be much more likely that the family [of the deceased husband] would challenge the widow’s inheritance rights....In rural settings, widows are at a particular disadvantage where the husband’s family is much more likely to go directly to traditional courts [use customary law], which “always rule against widows.” In an urban setting the regular courts [civil courts] may rule in her favour, but the widow will often face the obstacles of getting the property back from the family” (173). Similar evidence of the bias of traditional courts was found on the opposite side of

170 Lee (2006) makes this point as well.
171 There are cultural practices, specifically, mourning rituals, which add an additional layer of risk of destitution in addition to the risk and effects of disinheritance, see “cleansing” below.
172 Recounted by interview between the Immigration and Refugee Board of Canada and an unidentified Associate Professor of Anthropology and a Nigeria specialist from Franklin and Marshall College, Lancaster, Pennsylvania, USA, (no name given by the Canadian authorities). See Immigration and Refugee Board of Canada, 28 August 2000.
173 As above, recounted by interview between the Immigration and Refugee Board of Canada and an unidentified
Africa in a study of rural Tanzanian widows (174). From the Democratic Republic of Congo a widow states: “here widows are treated very badly. Normally what happens is that the family take the children and all the belongings, and send the widow back to her family” (175).

As a Kenyan widow, Theresa Murunga, recounted in 2002: “My in-laws took everything – mattresses, blankets, utensils. They chased me away like a dog. I was voiceless” (176). While another Kenyan widow recounts the following:

“When Susan Wagitangu’s parents died, her brothers inherited the family land. “My sister and I didn’t inherit”, said Wagitangu, a fifty-three-year-old Kikuyu woman. “Traditionally, in my culture, once a woman gets married, she does not inherit from her father”. The assumption is that once a woman gets married she will be given land where she got married. This was not the case for Wagitangu: when her husband died, her brothers-in-law forced her off that homestead and took her cows. Wagitangu now lives in a Nairobi slum. “Nairobi has advantages,” she said. “If I don’t have food, I can scavenge in the garbage dump.” (Human Rights Watch interview with Kenyan widow Susan Wagita ngu, Nairobi, October 29, 2002) (177).

This is in marked contradiction to what has been the tradition in many Sub-Saharan African rural societies for widows to be literally “inherited”, through forced re-marriage to a brother of the deceased husband (178). The purpose behind widow inheritance, not to be confused with inheritance of property by widows, is to keep property of the husband and the husband’s children, particularly male children, inside the husband’s family. Children have economic and cultural value: they continue the inter-generational reciprocity of family care and support, and they ensure the family’s continuation (lineage).

In other cases, widows have been known to stay un-remarried and to have remained within the husband’s family. It can be possible, as the evidence suggests, that a widow may be able to return to her parents’ home, but this depends on the practices of individual ethnic groups (179). It is important to remember, as specialist Betty Potash has emphasised, there is great heterogeneity in widow practices within Sub-Saharan Africa, so a given model of behaviour cannot be assumed to apply uniformly across the continent. Brydon and Chant make the same observation: “…the

Associate Professor of Anthropology and a Nigeria specialist from Franklin and Marshall College, Lancaster, Pennsylvania, USA, (no name given by the Canadian authorities). See Immigration and Refugee Board of Canada, 28 August 2000
178 Conroy and Whiteside (2006: 55) cite the practice for Malawi. Potash (ed.) (1986) gives a partial, but nuanced, overview of widow inheritance in western and eastern Sub-Saharan Africa. Most recent accounts for Sub-Saharan African concentrate on the breakdown of the practice. Existing research for the rest of the world only appears to mentions it with respect to India, where it sometimes still practiced. See among others, Immigration and Refugee Board of Canada (2008).
179 Refers to the Dukawa, of the federal Nigerian states of Niger and Sokoto, see Salamone (1986).
range of patterns of land-holding is as varied here [in Sub-Saharan Africa] as the range of kinship and inheritance patterns, with or without an overlay of Islam, Christianity or modern “bureaucracy” (state control)” (180). However, the available evidence appears to suggest that Sub-Saharan African widows more often do not have a choice on where to live and on whether or not to remarry (181).

Kenya provides an example of this, with difference between two ethnic groups with respect to widow remarriage and (use) rights to property. For the Nandi, widow remarriage to the deceased husband’s brother – also known as levirate – is rarely practiced, and “control over resources through the household complex enables a widow to refuse the levirate.” While the Luo require widows to remarry the deceased husband’s brother: “women are expected to continue bearing children [i.e. to remarry]…. a widow’s status and her security in old age depend on having many sons” (182).

Disinheritance in the context of widow inheritance (levirate) has become a prominent issue for widows as a result of the HIV/AIDS crisis (for the precise dynamics of the problem see section 5.1.2).

The disinheritance issue is made possible in a significant number of South Asia and Sub-Saharan countries where law has not been standardised, (together with the lack of provisions to protect widows), allowing simultaneous operation of modern (statutory), customary (traditional customs) and religious law (183).

When modern legal systems fail to operate effectively and when the majority of the rural population in the least developed parts of the world are usually unaware of the existence of modern law and the process of bringing cases to court, the traditional or customary law operates by default as reported in Ghana, Nigeria, Tanzania, Zambia, Zimbabwe, with strong indications of its existence in most Sub-Saharan African countries (184). In Namibia, while widow inheritance by husbands’ families is now illegal, as is forcible disinheritance (eviction of the widow from her home and land), the practice continues, due to a weak legal system (185).

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181 Note that remarriage does not always operate in the intuitive understanding implied by the term: many Sub-Saharan African remarriages, when they require the dead husband’s brother to take on his widow, will require sexual relations to produce children in the name of the dead husband, but the widow may live on her own in her marital house, while the husband’s brother continues to reside with his wife and children, if he is married.
182 Heterogeneity of practices and quotes on Nandi and Luo from Potash (1986: 10-11). Note also that the levirate in these cases means that the widows ride alone, as the marriage does not have the same status as the widow’s original marriage.
This is despite most countries having adopted the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW), which is meant to supersede all domestic law.

Under CEDAW, the relevant provision for widows’ inheritance is Article 16(h), paragraph 74 (Forward-Looking Strategies), which says: “State Parties shall take all appropriate measures to eliminate discrimination against women in all matters relating to marriage and family relations and in particular shall ensure, on a basis of equality of men and women: the same rights for both spouses in respect of the ownership, acquisition, enjoyment and disposition of property.”

However, the existence and acceptance (formal ratification) of CEDAW in many countries, together with the existence of modern law, have offered no protection to widows where affordability and lack of enforcement short-circuit the rule of law. There is also outright obstruction from many politicians in many countries of gender neutral policies in spite of their official declarations to the contrary. Uganda’s experience is a notable example of this (186). It is also demonstrated by the following observation by researcher Bina Agarwal, a specialist in women’s property rights in South Asia: “The idea of “command” over property implies not merely rights in law, but also effective rights in practice. The gap between inheritance law and its practice is especially wide. Indian women legally enjoy significant inheritance rights (even if unequal to men’s). In practice, only a small percentage inherit. This is especially true of immoveable property such as land or a house” (187).

In Sub-Saharan Africa, widows’ disinheri-tance has passed into a form of Pan-African dialect by use of the term, “grabbing”. This refers to unscrupulous relatives’ immediate initiative, on the death of the husband, to evict his widow from her home and plot of land and incorporate it into their holdings – this is effectively property theft in practice if not in law. It is sometimes not recognised as such in law, because some countries in Sub-Saharan Africa such as Swaziland do not recognise the right in law of widows’ inheritance and/or right to own property at all.

“Grabbing” of widows’ property is also reported as widespread across Bangladesh, northern India and Pakistan; evidence also exists of “grabbing” in the West Bank in Palestine (188). “Grabbing” can take on a different form when a husband has more than one widow. Resource value is diminished and even the prospect of receiving any inheritance is in question when more than one wife exists, with the original wife sometimes having no knowledge of additional wives when men migrate for work purposes and have married again. (Multiple wives can be found in several regions, including South Asia and the Arab states, as well as Sub-Saharan Africa).

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186 Asimwe (2002: 125-126). Land reform in favour of widows and married woman included the promised co-ownership clause, giving women land co-ownership rights alongside husbands, in legislation; the clause was then removed without warning at the last minute as the legislation was passed. An interview by the widows report author, with an international gender expert in 2009, with extensive experience with policy making with Sub-Saharan African governments states that resistance to women’s rights is widespread in these governments, and years of work have yielded little.


188 For Palestine, see Moors (1996: 80). Research data are from the 1980s for the rural area around Nablus.
Widows’ loss of land and property has also been documented as a result of natural disaster and war, where the women were displaced as refugees from their homes (189). Eviction of widows is often also the result of widows resisting forced re-marriage to the husband’s brother, which is at times the only clear option for her to maintain her subsistence livelihood, a form of “safety net”. This re-marriage practice is used to retain land and property within the husband’s family. It poses particular risks in the current health climate with respect to HIV/AIDS. Widows or husbands brothers are often infected with the virus, and given that sexual intercourse is unavoidable, continued transmission of the virus is assured (see section 5.3.4).

Victims of disinheritance or “property-grabbing” include child widows such as Kunese, age 16, from Tanzania, who recounts the experience of disinheritance:

“I was married when I was about 13 years old; it was through an arranged marriage by my father. I stayed with my husband for three years and then I experienced the trauma and grief of his death. I cared for my bedridden husband for some months and no relatives helped. After the death of my husband, my brother-in-law evicted me from the matrimonial home and squandered all the matrimonial property. I moved to my father’s hut with my two children. We slept on the floor. I begged from neighbours for my daily food and one child was often sick” (190).

An in depth study of widows in rural Kenya shows that land “grabbing” is not a recent phenomenon, and it has been increasing over time. It appears to date from the start of the post-independence period as a result of government land reform. The study provides examples of evictions and land theft from widows from the early 1970s onward. Many of the effected widows had written, either on their own, or with help if illiterate, to local authorities and those in Nairobi, as a researcher recounts:

“I came across nearly two hundred such letters from widows to the district officers and to the Ministry of Lands and Settlements, all of which expressed their strong dissatisfaction with land consolidation and registration [i.e. reform]. The process was obviously not working out as intended – partly because bribery and corruption hindered the fair and equitable distribution of land, but also because the intensive labour involved in cultivating the larger plots made it difficult for widows to achieve any success…. when Jedida Karani could not get her land adjudicated because the officers preferred to serve those who had paid them bribes, she asked her daughter to write a letter of complaint to [Member of Parliament Peter] Kibusu. Karani informed him that she felt she was being discriminated against because she was a widow and had no money for

\[189\] At the level of programme responses by NGOs to natural disasters, widows’ property in the context of post-disaster recovery, the inheritance aspect of widows’ deprivation is beginning to see niche-level (i.e. some limited) practical action. For recent experience of NGO post-disaster action to ensure widows inherit, see Unitarian Universalist Service Committee (2008), Fitzpatrick (2008), Baldauf (2005). A 1994 World Bank programme for post-war Mozambique explicitly recognised and incorporated assistance for returning refugee widows to re-acquire husbands’ land, cited in Owen (1996: 175). The widows inheritance issue has also started to appear, using the term “property rights”, in the policy literature on “food security” (in other words, livelihoods for low-income groups) in agricultural research, see Quisumbing and Meinzen-Dick (2001).

\[190\] For Palestine, see Moors (1996: 80). Research data are from the 1980s for the rural area around Nablus.
bribes. By the end of the 1980s, many widows still do not have their land registered. A national survey showed that fewer than 30 percent of peasants in western Kenya had title deeds. Of those, only five percent could afford to plant the more lucrative crops such as tea or coffee. Jedida Karani was one of the fortunate few who managed to register her land. Close to seventy year old, Karani still looks youthful and continues to earn a decent income by growing tea. Many widows were not so lucky” (191).

Evidence from rural Tanzania shows a high proportion of widows, 62 percent in one locality, when faced with the loss of access to their deceased husbands’ property, had to resort to acquiring new land by clearing land – previously unfarmed wilderness – for cultivation (192).

The breakdown of widow inheritance could be seen as an attempt, given limited economic opportunities, to improve family options. Partha Dasgupta, an Indian development economist who combines sociology, demography and economics, has been observed that social norms survive only as long as the economic systems that support them (193).

Duncan Green, formerly the head of research at Oxfam GB, points out in respect to women’s property rights, that “without legal rights to own property, regardless of marital status, most women living in poverty in developing countries depend on their relationship with men to deliver [a home and place to work]. Hence [female] livelihoods are precarious. If the relationship sours, or if a man falls ill and dies, how are they and their children to survive?” (194).

While widows are rarely mentioned in relation to the effects of property on their well-being as women, high level international policy planners explicitly acknowledge the centrality of the property rights in relation to “women” as a general group (195).

The property rights regimes with more favourable outcomes for widows and women in consensual unions are to be found in parts of Central and South America. While these parts of the world remain challenging places for women in general, the inheritance regimes do offer greater, if not perfect, security than elsewhere in the developing world (196).

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191 Originally quoted by Magoke-Mhoja (2008: 144). Kunese’s husband’s cause of death was HIV/AIDS. At the level of programme responses by NGOs to natural disasters, widows” property in the context of post-disaster recovery, the inheritance aspect of widows” deprivation is beginning to see niche-level (i.e. some limited) practical action. For recent experience of NGO post-disaster action to ensure widows inherit, see Unitarian Universalist Service Committee (2008), Fitzpatrick (2008), Baldauf (2005). A 1994 World Bank programme for post-war Mozambique explicitly recognised and incorporated assistance for returning refugee widows to re-acquire husbands’ land, cited in Owen (1996: 175). The widows inheritance issue has also started to appear, using the term “property rights”, in the policy literature on “food security” (in other words, livelihoods for low-income groups) in agricultural research, see Quisumbing and Meinzen-Dick (2001).

192 Table 5.5 in van Vuuren (2003: 126). Data for mid 1990s Tanzania.

193 From Dasgupta (1993: 324): “…cultural values [i.e. social norms] are put at greater and greater strain with increasing changes in resource costs.”

194 Green (2008: 77-78).

195 Quisumbing and Meinzen-Dick (2001: 1).

196 A comprehensive analysis of women’s property rights in Central and South America has been made by Deere...
The inheritance regime varies and countries can be grouped by regime type. Unlike many parts of the developing world where the formal use of wills either does not exist or is ignored in preference to customary law, in Central and South America, whether a women’s spouse dies with or without a will is taken seriously. Therefore when looking at the outcome for inheritance for widows and women in consensual unions (the latter is formally recognised in civil law for most of these countries) (197), the starting point of analysis is whether a husband (or male partner in a consensual union) left a will or died intestate (without a will). From there, it is necessary look at the countries” inheritance regime (198).

Country inheritance regimes differ based on the amount of freedom (also known as testamentary freedom) they allow the will writer to have for allocating items to individual recipients, and on the type of marital regime in place. Some countries use testamentary freedom, while others use the type of marital regime together testamentary freedom. In some countries, when a husband’s will does not leave anything to a wife, some countries allow for a discretionary inheritance to be allowed based on the widow’s “…economic need and the relative economic position of husband and wife” (199).

To understand Table 5.2, which is based on data from Deere and Leaon (2001) study (which excluded Argentina, Belize, Panama, Paraguay and Uruguay), when a will exists, for example in the case of Bolivia, 1/5 or 20 percent of the property can be freely given to any individuals, while the rest is automatically allocated to the living children and spouse (for this report’s purposes, the widow). Where it states, for given countries, “marital share”, this is allocated to the widow based on the husband not making any allocation in the will, the actual marital share depends on the degree of economic need of the widow “…and the relative economic position of husband and wife” (200). Next, the first rank order for inheritors for intestate (no will) designate an automatic equal share to each individual listed, for example, in the case of Bolivia, children, the spouse, and parents each receive an equal share. Some countries, like Brazil, stipulate that with intestate, 1/4 or 25 percent is allocated to the widow. The second rank applies when the deceased individual has no living children, as in the case of Brazil, among other countries (201). However, in the cases of Brazil and Guatemala, the marital regime type and the case of a couple not stipulating a marital regime leading to the default regime (default regime is defined below), critically determine the inheritance outcome for widows. In Table 5.2 below, this has been stated using Deere and Leaon’s work, however they do not make state the implications of marital regime in the case of a will for these two countries, the entries for Brazil and Guatemala are therefore incomplete.

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197 Deere and Leaon (2001) are the key text on women’s property rights; their study covers all Central and South American countries except Argentina, Belize, Paraguay and Uruguay; of the countries covered by the study at its time of publication, only Chile does not recognise consensual unions in civil law.
198 This and what follows is entirely from Deere and Leaon (2001), especially chapter two.
199 Deere and Leaon (2001: 60).
200 Deere and Leaon (2001: 60).
201 This is as stated in Table 2.5 note in Deere and Leaon (2001: 59).
<table>
<thead>
<tr>
<th>Country</th>
<th>Will Exists</th>
<th>Inheritance Regimes in Central and South America</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bolivia</td>
<td>1/5 (20%) if living children and spouse, e.g. wife</td>
<td>Rank order for inheritors: 1st children, spouse, parents</td>
</tr>
<tr>
<td>Brazil</td>
<td>1/2 (50%) if living children or parents</td>
<td>Marital regime applies: Participation in profits (default regime) and Separation of property: 1st children, spouse (1/4 usufruct rights) 2nd spouse (1/2 usufruct rights) and parents if no living children; in both cases widow loses usufruct if remarries. Full common property: no inheritance (0%) for widow if living children or parents; widow is allowed usufruct right of family home if does not remarry.</td>
</tr>
<tr>
<td>Chile</td>
<td>1/4 (25%) if living children, marital share</td>
<td>1st children, marital share 2nd spouse (1/4) and parents if not living children</td>
</tr>
<tr>
<td>Colombia</td>
<td>1/4 (25%) if living children, marital share</td>
<td>1st children, marital share 2nd spouse (1/4) and parents if no living children</td>
</tr>
<tr>
<td>Costa Rica</td>
<td>All (100%) freely allocate to anyone</td>
<td>1st children, parents, and marital share</td>
</tr>
<tr>
<td>Ecuador</td>
<td>1/4 (25%) if living children and parents, marital share</td>
<td>1st children, marital share 2nd spouse and parents if no living children</td>
</tr>
<tr>
<td>El Salvador</td>
<td>All (100%) freely allocate to anyone</td>
<td>1st children, spouse, parents</td>
</tr>
<tr>
<td>Country</td>
<td>Allocation to Widow</td>
<td>Marital Regime Applies</td>
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<tr>
<td>-------------</td>
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</tr>
<tr>
<td>Guatemala</td>
<td>All (100%) freely allocate to anyone</td>
<td>Participation in profits (default regime): 1st children, marital share (cannot be larger than children’s share) depending on patrimony size of each spouse; 2nd spouse and parents if no living children. Common property: widow inherits if no living children. Separation of property: widow inherits share equal to children.</td>
</tr>
<tr>
<td>Honduras</td>
<td>3/4 (75%), marital share</td>
<td>1st children, marital share 2nd spouse and parents if no living children</td>
</tr>
<tr>
<td>Mexico</td>
<td>All (100%) freely allocate to anyone</td>
<td>1st children, marital share 2nd spouse and parents if no living children</td>
</tr>
<tr>
<td>Nicaragua</td>
<td>3/4 (75%), marital share</td>
<td>1st children, marital share 2nd spouse (1/4) and parents if no living children</td>
</tr>
<tr>
<td>Peru</td>
<td>1/3 (33%) if living children or spouse</td>
<td>1st children, spouse, and parents</td>
</tr>
</tbody>
</table>

In summary for Central and South America, Deere and Leaon (2001) state that for situations in which a will exists, “the civil codes most favourable to widows are those of Bolivia and Peru, for testamentary freedom is restricted in their and their children’s favour, irrespective of the size of the spouses’ patrimony”. They continue: “in the other countries with provisions protecting spouses (Chile, Colombia, Ecuador, Honduras, and Nicaragua), whether the widow is guaranteed a share of her husband’s estate if he has willed otherwise depends on her economic need and the relative economic position of husband and wife.” Honduras and Nicaragua have relatively little protection for widows, allowing 75 percent property no restriction on being willed, and providing only a marital share for widows. Four countries have complete testamentary freedom (complete freedom in making a will), these are Costa Rica, El Salvador, Guatemala and Mexico. The significance of “complete testamentary freedom” for widows resides in the fact that it
Table 5.3 Marital Regimes in Central and South America

<table>
<thead>
<tr>
<th>Regime Description</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>1: full common-property regime (FCP)</td>
<td>FCP: “...is based on the pooling of all property brought into or acquired during marriage. All profits or rents generated from such property are also pooled, as are wages, salaries, or other income earned by either spouse. In the case of separation of divorce, all property and income is divided in equal shares between the spouses; in case of the death of one of them, is or her estate also consists of one-half of the common property, with the other half remaining with the surviving spouse”.</td>
</tr>
<tr>
<td>2: participation-in-profits regime</td>
<td>PIP: “...is based on the separate recognition of the individual private property brought into or acquired during marriage, including in the latter any inheritance faces, donation, or concessions received by each spouse. However, any profits, rents, or other income derived from such property during marriage is considered to be common property. In addition, any property acquired during the marriage from wages, salaries, or other income also forms part of the couple’s common property. In case of separation or divorce, half of the common property thus generated is retained by each of the spouses; similarly, when one spouse dies, his or her estate is made up of half of the common property. Whatever the causes of the dissolution of [a marriage under] this regime, the individual property brought into marriage or acquired through inheritance is maintained by the spouse who was the original owner”.</td>
</tr>
<tr>
<td>3: complete separation-of-property regime</td>
<td>CSP: “...each individual maintains ownership and administration of the property they brought into marriage, as well as that acquired during marriage through inheritance, donation, or concessions and the profits generated from such, and any property acquired during marriage with their own income. If the union is terminated, each spouse retains their own individual property and the gains or profit from these”.</td>
</tr>
</tbody>
</table>

Note: In addition, some countries have two or three of these regimes available, with a decision to be taken at the time of marriage by the couple as to which they will use; is a couple does not choose a regime, a default regime applies, what this regime is depends on the country. The default regimes are any of the three marital regimes listed here (these are given in Deere and Leaon (2001), Table 2.3, material quoted above is from pages 50-51).
remains entirely at the discretion of the husband as to the widow’s share of property. The likely consequences for widows are summed up by Deere and Leaon as follows: “Testamentary freedom probably did open the way for greater inequality in property ownership by sex and, due to gender roles, may also have enhanced differences in the composition of inheritance, with sons favoured by the inheritance of land” (202). In the case of gender roles affecting inequality in property ownership in rural areas of Costa Rica, widowed women are often forced to move to urban locations where it is easier for them to establish livelihoods; this happened because rural livelihoods are subsistence needs “as determined by a judge” (203).

Brazil and Guatemala provide complicated options, some of which are clearly very unfavourable to widows (see Table 5.2). What is clear heavily gender segregated, resulting in great difficulty conducting agriculture without male family or spousal input (204).

Conversely, when considering intestate (no will), El Salvador provides greater security for widows, and sits with Bolivia and Peru. While for intestate in rest of the South and Central American countries considered here, widows receive a marital share, the size of which in Ecuador, Colombia, Honduras, and Nicaragua, depends on absolute practical from this evidence is that none of the inheritance options allow for widows “...maintaining control of the family farm or business – that is, providing for their own economic autonomy” (205).

5.2: Widows with No Way Out – Macroeconomic Catastrophe, HIV/AIDS, Famine, War

5.2.1: HIV/AIDS and Famine

The economist Jeffrey Sachs recounts a scene of economic devastation of rural livelihoods with its resulting human cost left in the wake of HIV/AIDS while on a work visit to rural Malawi in 2004 (206):

“It is still midmorning in Malawi when we arrive at a small village, Nthandire, about an hour outside of Lilongwe, the capital. This year has been a lot more difficult than usual because the rains have failed. The crops are withering in the fields that we pass. If the village were filled with able-bodied men, who could have built rainwater- collecting units on rooftops and in the fields, the situation would not be so dire. But as we arrive in the village, we see no able-bodied young men at all. In fact, older women and dozens of children greet us, but there is not a young man or woman in sight.

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203 Deere and Leaon (2001:60).
205 Deere and Leaon (2001:61).
Where, we ask, are the workers? Out in the fields? The aid worker who has led us to the village shakes his head sadly and says no. Nearly all are dead. The village has been devastated by AIDS...There are just five men between twenty and forty years of age left in the village...

The presence of death in Nthandire has been overwhelming in recent years. The grandmothers whom we meet are guardians for their orphaned grandchildren. Each woman has her story of how her sons and daughters died, leaving her to bear the burden of raising and providing for five or ten, sometimes fifteen orphaned grandchildren. The margin of survival is extraordinarily narrow; sometimes it closes entirely.

One woman we meet in front of her mud hut has fifteen orphaned grandchildren. As she begins to explain her situation to us, she first points to the withered crops that have died in the fields next to her hut. Her small farm plot, a little more than an acre in all, would be too small to feed her family even if the rains had been plentiful. The soil nutrients have been depleted so significantly in this part of Malawi that crop yields reach only about a half-ton per acre, about one-third of normal. This year, because of the drought, she will get almost nothing. She reaches into her apron and pulls out a handful of semi-rotten, bug-infested millet, which will be the basis for the gruel she will prepare for the meal that evening. It will be the one meal the children have that day.

I ask her about the health of the children. She points to a child of about four and says that the girl contracted malaria the week before. The woman had carried her grandchild on her back for the six miles to the local hospital. When they got there, there was no quinine, the anti-malarial medicine, available that day. With the child in high fever, the two were sent home and told to return the next day. In a small miracle, when they returned after another six-mile trek, the quinine had come in, and the child responded to treatment and survived. It was a close call though. More than 1 million African children, and perhaps as many as 3 million, succumb to malaria each year.

Poverty – and the attempts by widows to get out of it – has been a contributing factor to the spread of HIV/AIDS. This happens when widows can only resort to sex work in order to earn income. AIDS has also been a leading cause of widows’ poverty, causing widowhood at younger

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ages where women either have no children, particularly no sons, or only young children. This in turn has increased the incidence of disinheritance among widows, because relatives are evicting widows because they have no adult sons to inherit their husbands’ property (208).

Fishermen’s widows on the shores of Lake Victorian in Tanzania have become live-in sex workers. This is referred to in some parts of Sub-Saharan Africa as “exchange” sex work, where the transaction is often in kind and with a regular client-partner, as opposed to “classic sex work where a person openly solicits sex [for cash]” (209).

While the more affluent sex workers who interact with white collar professional clients often understand the need for, and can afford, “safe-sex” precautions, the prostitutes on Lake Victoria were from low education backgrounds, and through their fishermen clients, many had become infected with HIV/AIDS through dealing with the immediate concern with food and shelter (210).

The combination of “exchange sex,” and itinerant migrant labour, has also been demonstrated as particularly dangerous with respect to HIV/AIDS and female landless commercial agricultural workers (211). In Zimbabwe, these women, through the precarious nature of the work, which does not offer settled accommodation, find themselves cohabiting with male farm workers. They become de facto widows in this context before their own deaths ensue. Research shows both these men and women farm workers have significantly higher infection rates than local urban populations; the infection rate for farm women was 64 percent, and for local urban women, 44 percent. Similarly, in the Kagera region of Tanzania, there is a reported high degree of widow migration to and from urban areas for the purpose of amassing savings in order to buy land for subsistence agriculture. Sex work has been one relatively lucrative option used by women in this process (212).

Elsewhere, recent famines unrelated to HIV/AIDS have left many women widowed although no data exists on famine widows. In 1992, at least 200,000 people died from lack of food; Sudan faced famine in 1993 and 1998; Ethiopia in 2003 with a serious food crisis in 2008; as of late 2010, the potential for famine in East Africa is once again highly advanced. North Korea from 1994-98

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208 Link between eviction, poverty, early widowhood and lack of sons was made in a New York Times opinion piece, June 14, 2004. In addition, AIDS stigma due to the husband’s association with his wife, forms an additional reason to evict widows.

209 SARDC (2005: 35), exchange sex work as reported for Namibia. The author has observed firsthand similar exchange, as well client referral sex work networks in action across southern and central Nigeria from west to east in 2004. In the case of Nigeria, see Uwakwe (1997: 40); Harma (2009).


211 Important distinction here is that these female farm workers should not be confused with women working on their own home plot of land.

212 Smith 2001: 155-171. In Tanzania, rural Haya women are known for their deliberate use of sex work, which involves migration to tourist locations on the coast for several years of sustained work. Women involved in this are still in a minority overall however. The goal is in fact return migration after having saved money for the purchase of a small farm, (Smith 2001: 169-171). The impact of AIDS/HIV can only be guessed at.
faced a severe famine as a result of a collapsing economy and simultaneous natural disaster, with estimates of deaths between 300,000 and 2.4 million deaths, on which there are qualitative accounts of widows (213).

5.2.2: Macroeconomic Catastrophe – Economic Double Standards, Agricultural Decline

Elsewhere, together with the economic collapse instigated by HIV/AIDS illustrated by Sachs above, macroeconomic catastrophe is playing out its inexorable, grinding logic. Widows from low-skill, unemployment prone social strata, have their precarious situation compounded by dysfunctional economies or sectors of national economies, ineffective education systems and international trade policies that make finding good employment impossible for low skilled women. In the Caribbean, when trade policy was changed dogmatically without regard to actual welfare and poverty implications, not least the proximity of these islands to the heart of the international drug trade on South America, the macroeconomic effects were widespread but fell heaviest on women and widows. “Trade liberalization, the introduction of structural adjustment programmes, and the loss of preferential treatment for the Windward Islands” bananas [from the creation of European Union single trade barrier rules] all contributed to an increase in poverty and to a deterioration in the quality of life….the banana industry [had] provided employment and contributed to sustainable livelihoods for large numbers of women and their families” (214). The change in tariff regime caused a 20 percent fall in banana exports between 1991 and 1992 (215).

The application and impact of these and other international trade policies is being felt across developing countries that are dependent on agriculture as the main livelihood source. This happens for three reasons: one, as a result of western tariff regimes blocking developing country exports, two, developed countries sell very cheap surplus grain on the world market (this is possible due to massive subsides that are comparable to developed countries’ and the United Nation’s aid budgets); the third reason is that developing countries have been forced, either through periodic trade rounds or specific bilateral negotiations, or through the World Bank, to open their markets to subsidised, cheap western agricultural imports. It is worth noting that the same process is at work with cheap developing country manufactured imports destroying developed country manufacturing jobs, the latter of which are depended on by low skill workers (216).

The combined effect of these three elements, or unfair terms of trade, has caused a documented depression in agricultural sectors of developing countries that have been forced to open to incoming trade (imports). This has serious implications for widows’ deprivation in these

213 Noland et al (2001); for an account of the North Korean famine, including widows’ and children’s, see Demick (2010: 133-173).
214 Windward Islands, also known as the south islands group of the Lesser Antilles, include Barbados, Dominica, Grenada, Martinique (part of France), St. Lucia, St. Vincent and Grenadines, and Trinidad and Tobago.
216 A recent example of the standard and accepted critique of western trade policy, specifically tariff regimes, is Dowden (2008: 268); see also Oxfam International (2002); see also Khor (2005).
countries. Many of these countries are least developed countries (LDCs), which are the least likely of developing countries to be able to diversify their economies (217). Badly designed western country development aid has also been responsible for the macroeconomic instability that has heavily impacted on the most economically vulnerable segments of countries, including widows; Tanzania is a well documented example, showing the negative cumulative effects over the period of the 1970s to 1990s (218).

What makes the effects of HIV/AIDS, international trade policy and rich-country agricultural subsidies so devastating for widows in rural areas, is that often, they find themselves in an unsustainable situation due to exhausted soils, progressively smaller plot sizes caused by population growth pressure, deforestation, and the subdivision of land between family members (219). Low economic growth further exacerbates this situation (220). Small plot size and population growth are conditions of particular relevance in densely populated countries such as Bangladesh and Rwanda and densely populated regions of countries such as the northern highlands of Ethiopia. Rural widows may also find themselves worse off as the result of economic reforms and the resultant economic growth benefiting other sectors of the economy (manufacturing in urban areas), as in the case of China, Laos and Vietnam.

Referring to African agriculture generally, it has been observed, “[the reality] is that of a single woman whose primary means of income is a one hectare plot of unimproved land on an eroded hillside. From each harvest she must provide for virtually all the needs of her family throughout the year, including clothing, healthcare, education costs and housing.” It follows that, “there is a single consistent outcome from an agricultural economy based on inadequate fallows and extensive, low-input cultivation – crop yields decline and soils erode” (221). An additional little known reason reported in Senegal for the apparent failure of small holder agriculture has been identified as the destruction of what was effectively a cooperative system of reciprocal farm labour. The introduction of modern methods caused the disintegration of this system resulting in individual households having to rely solely on their own labour. Western economists are observed to have misunderstood this system, resulting in the use of inappropriate agricultural programmes. This has had implications for widows’ position in inheritance and has caused the types of conditions that have led to widow disinheritance elsewhere in Sub-Saharan Africa (222).

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217 This also results from developed countries’ deliberate policy, see Turner (2008), chapter 4, “Free Trade” and Asset Bubbles.”
218 See Oxfam International (2002). Daniel Rodrik, a well known trade economist, in a lectured delivered at the London School of Economics in 2005, heavily criticised the economic thinking on which western countries force developing countries to open to trade. This is based on the experience of successful East Asian economies that selectively protected their economies.
220 East Africa is a well-known example, see Pender et al (2006), and Alinovi et al (2008).
221 In some country cases, inappropriately externally imposed economic policies add to the problem. These are covered elsewhere in this report. On population growth see for example Smith (2001: 57-66); on deforestation, agricultural limits and population growth, see for example Todaro and Smith’s (2003: 497) case study on Pakistan.
Similar agricultural conditions exist in South Asia, with the widely discussed issue of rural decline across sections of India (223), where farm size has also decreased, ground water is over exploited, and commercial farming of cash crops have proved difficult for many, resulting in the farmer suicide phenomenon discussed earlier in this report (see section 4.4).

Widows can face culturally imposed practical livelihood problems when they are left as the sole farmer of a plot: this was seen in the section above on property inheritance for widows with the example from Jharkhand state, India; it is seen elsewhere in the world, for example, in the northern highland area of Tigray, Ethiopia, female-headed farms face “a cultural taboo against women ploughing and threshing….as some female-headed households have had the need and courage to challenge such norms….this can be difficult [as] such women may be subject to ridicule or intimidation” (224). This is an example of why the UN’s International Fund for Agricultural Development (IFAD) has adopted a “Gender Strengthening Programme” (225).

A food crisis across the Horn of Africa currently involves Ethiopia, parts of northern Kenya and most of Somalia, together with parts of Sudan, where in all four cases, lack of rain, little in the way of irrigation systems, and soils with extreme low fertility are playing a key role. By 2007, about 40 percent of the agricultural land’s soil fertility around the world is seriously degraded. In Central America 75 percent of agricultural land is degraded, in Sub-Saharan Africa 20 percent in degraded, and 11 percent across Asia. Because soil fertility degradation is a dynamic process – getting progressively worse – if the present trend continues in Sub-Saharan Africa, the land will only be able to feed 25 percent of the population by 2025 (226). Globally the number of people without adequate food, described “undernourished”, a term that covers mild-to-acute malnutrition, has been increasing and has been estimated by FAO to have reached more than one billion individuals as of 2007-08 (specifically 1.020 billion, from 848 million as of the period 2003-05) (227).

China is also seeing the demise of the small scale farmer through imbalanced economic development biased against the agricultural sector, with implications for older rural women as widows (228). China has seen large numbers of young people from rural areas moving, in their tens of millions, to the large manufacturing industrial centres of eastern China (229). This has meant that widows, particularly older and elderly mothers, have been left on the farms to continue agriculture on their own. Researchers Jackson, Liu, and Woo have recently stated, that, “in China….the modernisation project and market economy….have often worsened the economic

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223 Mackintosh (1989: 63-66) elucidates this little known and little recounted issue, and refers to the role played by western agricultural economists with the use of inappropriate assumptions.
224 For recent analysis of rural agricultural data for India see Krishnaraj (2007: 41-69).
228 Murphy (2004).
229 Chang (2008).
situation of older, uneducated and rural women” (230). This must be seen in part by the geographic distribution of the labour force in China, which has been out of balance. Urban areas have seen the enforcement of the one-child-policy, while rural areas were largely exempt. With the onset of rapid large scale manufacturing, there was probably insufficient labour supply in urban areas of eastern China. Simultaneously, the collective farm system, which saw very effective use made of expensive farm machinery and labour made available to small farms, the reform period has witnessed the collapse of this system. This has meant considerable hardship for small farmers, particular widowed farm women, who find it difficult to carry out all the necessary land preparation activities, either because of lack of machinery, or the lack of knowledge of techniques carried out by other (former collective) farm operatives, or through general lack of labour and financial capital. While remittances from children in manufacturing in part redresses the losses, the land that widows have had to take out of production, for the reasons just cited, often cancels out the potential increased benefit of remittances (231).

Widows remaining on the land in East Asia and Sub-Saharan Africa while family members migrate to urban areas to work is contrasted by the Central American case of Costa Rica, where widows often themselves migrate to urban areas “…because they cannot sustain rural livelihoods without men” (232).

5.2.3: War Widows

The effects of war and large scale civil unrest bring together many of the factors that produce the distinctive deprivation faced by widows already described in this report above, together with a new set of factors, and in so doing produces a highly intensified form of deprivation. The standard factors are loss of income, loss housing, and lack of livelihood options. Additional factors produced by war are intensified personal safety threats from soldiers and armed criminals, either from direct threat to life, or from sexual assault, including the threat of HIV/AIDS, and the risk of starvation and other acute illnesses. Widows may often be forced to resort to prostitution, or what UNHCR refers to as “survival sex” (264). In addition to these, if widows survive the conflict, they may then be faced by their governments’ decision on how they should live their lives as war widows: financial incentives are sometimes put in place to force them to remarry, or stay single and live in poverty. Governments can demand excessive proof of husbands’ death before awarding compensation, proof that for certain situations, such as disappearances, is usually impossible to obtain.

War forces widows into poverty and destitution even when they are not evicted from their homes in conflict locations: it may be too dangerous, either from on-going fighting or conflict induced criminal activity (looting, robbery, murder, random torture and rape), for women in particular to seek paid work, or supply chains (the local and economy) may have broken down, making it

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231 The effects of economic growth in China on rural widows were recently cited in Murphy (2004), and Davis and Wang (2009).
difficult or impossible for goods and services to be traded. Conversely, a set of different goods and services often arise in war settings, many of them highly detrimental to long term human development prospects, especially for widows and their children: such economic activities as prostitution, and the supply of logistical services for fighting forces are some of the most salient aspects of the war economy; children may even enter the conflict as combatants – a form of economic resourcing for many armed groups in developing countries. All the other disadvantages that widows face apply: lack of male guardians, signal in some cases, that these women as widows are available for sexual exploitation of various kinds; loss of husbands’ and partners’ incomes resulting in poverty; loss of land that they previously depended on, either through lack of inheritance rights in a given culture, lack of male guardians resulting in loss of social status leading to being forcefully removed from the land by relatives or strangers, and finally, through becoming international or internally displaced refugees. Displacement itself is often the most dangerous aspect of war widows’ conflict experience, as the travel to safer locations can be full of threats, and living conditions in the locations themselves can often be little better than those they escape.

For example, after the 1994 Rwandan Genocide, a mass exodus of the Hutu population into eastern Congo – at that time Zaire – resulting in a huge refugee camp at the town of Goma. Systematic clean water and sanitation facilities could not be set up in time to prevent a massive cholera and dysentery epidemic that killed an estimated 50,000 people (233). The quality of camps depends on their geographic location, the ability of international humanitarian agencies to reach displaced people, and the availability of funding. Once displaced in camps without their home area’s support network and without their livelihoods, widows become dependent on aid, if aid is available. However, often elderly widows are not physically fit enough to collect the aid items provided.

As of 2007, “an increasing proportion of the Iraqi population are in dire need of humanitarian aid, including food” (234), with an estimated one million widows living under these conditions. The following account makes this clear:

“I remember one day when I was shopping with my mother, there was one woman who needed to buy flour. She was a widow. We had known her husband, who was killed by Saddam’s soldiers. No one wanted to lend her money. She was so desperate because she had several children to feed. She started shouting: “Do you want to have sex with me so that I can buy flour?” People told her never to say that again, and they gave her money to buy flour (235).

233 In Enloe (2010: 58). Goma Epidemiology Group (1994). Disease definitions are given in this article.
235 Account in Al-Ali (2007: 200), Iraqi widows data cited pp. 199-200. Zangana (2007: 110) cites the Iraqi Ministry of Women’s Affairs as saying there are at least 300,000 widows in Baghdad, “and a further one million through the country.” Note: estimates of the number Iraqi estimates vary dramatically from 740,000 to eight million. For example see IRIN, 30 March 2009, cited a figure of 900,000 as attributed to the Iraqi Planning Ministry’s statement on 25 March 2009. The eight million figure was cited in Al-Ali (2009).
This acute humanitarian crisis has its roots in the post-1992 sanctions period. Prior to this, it has been noted that “after the Iraq-Iran War and Gulf War of 1991, over 20 percent of young Iraqi women had lost their husbands. This group of Iraqi women became the most vulnerable under sanctions, as they no longer received the benefits that had previously been given by the state. Single women breadwinners were the worst affected under sanctions. Not only had they lost the formal support provided by the state, but the economic crisis had also shrunk the degree of support previously provided by the extended family” (236). Recently, in the context of the post-2003 US invasion and administration of Iraq, Oxfam’s 2007 report Rising to the Humanitarian Challenge in Iraq, “found that one-third of the Iraqi population was in need of humanitarian assistance and that essential services were in ruins” – humanitarian assistance refers to, in the first instance, emergency food aid to prevent malnutrition and starvation. Oxfam’s 2009 follow up survey report In Her Own Words: Iraqi women talk about their greatest concerns and challenges, cited widows as a key group in severe poverty: “the largest group of women interviewed who are deemed especially vulnerable, consists of those widowed by conflict who are now acting as the head of her household, and who have been driven deep into poverty” (237). The survey found that “76 percent of widows interviewed had not received a pension from the government. Thirty-two percent of those said the registration process was too complicated; 18 percent said they were unaware they had a right to receive a widow’s pension; 14 percent said they were “not allowed” to register and 9 percent said it was “unsafe” (238).

Perversely, attitudes toward women have also become more severe under sanctions, exacerbating an already deteriorating situation, through the concern over single women and “public morals” (239).

The cumulative effect of war and sanctions was significant, as Iraqi society had depended for some time on a generous welfare state. On the eve of war with Iran in 1979, the Middle East Economic Digest provided a summary of the most valuable benefits on offer: the price of stable goods was subsidised; minimum wages were set above inflation; labour law provided job security; an active labour market policy by the state ensured work for all university graduates; education and healthcare were free (240).

In northern Iraq, Kurdish women widowed during the post-1992 Kuwait war found themselves, together with the rest of their community, isolated and physically cut off by the Bathist regime’s

237 Oxfam International (2009: 2). Interviews in this report were conducted in 2008, from 1,700 interviews. Interviews were conducted on the ground by Oxfam partner organisation the Al-Amal Association, and covered five provinces: Baghdad, Basra, Kirkuk, Najaf, and Ninevah.
238 Oxfam International (2009: 7). In spite of the dire need in Iraq for all able bodied members of families to work, sons may sometimes not allow their widowed mothers to work because it is seen as shameful, Enloe (2010: 64).
military forces. As a result of the onset of mass malnutrition, the Kurdish community became a ward of the United Nations, under Resolution (SCR) 986.

While it is recognised that the period 1980 to the present has “created many war widows”, war widows, together with other widows and single women, and women with incapacitated husbands, taken together give an estimated female-headed household figure of six percent in the Kurdish area of Iraq. This suggests that some widows have remarried or have been incorporated into male-headed households, given war societies typically face higher percentages of widows (above 6 percent) (241).

Exacerbating widows’ difficulty in providing for their families in urban Iraq are two factors. First, regular street activity, such as merely walking in the street has become a high risk activity due not simply to sectarian gun battles and hidden bombs; women have had to face anti-women death squads that target women believed to be acting contrary to Islam, the Oxfam survey cited above found that of all types of women interviewed, “55 percent of respondents had been subjected to violence since 2003” (242); second, widows who cannot prove the deaths of their husbands are denied government income support programmes designed for widows, which has also been documented as a problem in Afghanistan and Kashmir, India, where in the latter they are referred to as “half widows” (243).

In 2008, a thirty-eight year old Iraqi widow recounted:

“My children and I left my home in Anbar governorate almost two years ago. My husband had been killed right in front of us. I had to protect my children, so we fled the same night with nothing but some money. For me, today, there is no past and not future, only a horrible present. I only wish I had some photos of my husband and my family. I can see it all in my mind but I don’t know for how long I will remember” (244).

Prior to Iraq, the recent civil war from 1992-2005 in Algeria saw widows specifically targeted for assassination by Islamic extremists, together with other women, if they were found to be living on their own or acting in some other way deemed unacceptable; single women living on their own were deemed by the extremists to be acting contrary to Islam. Targeting of widows for assassination was also documented in the Guatemalan civil war (245).

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241 Reference to Kurdish war and other widows, mass malnutrition reference from Waite (2000: 154); 6% figure estimated by ECHO (1996), and cited in Waite (2000: 154).
243 For Iraq see Al-Ali (2007); for Afghanistan see Immigration and Refugee Board of Canada (2007); for Kashmir see Black, UNRISD (2005: 214).
245 For widow assassinations by Algerian extremists, see Ait-Hamou (2004: 120). Similar tendencies have been noted among the extremists during the Taliban period prior to 2001, see Povey (2003: 173), and currently in Afghanistan, see Womankind (2006: 12). Zur (2001), Introduction.
In Afghanistan, 20 years of war has resulted in a reported two million widows (246), or 27.5 percent of females age ten and over, although other sources put the number of widows at approximately one million. The Immigration and Refugee Board of Canada (247) provides the following summary of the Afghan widows’ statistics:

“Without providing specifics, the Institute of War and Peace Reporting (IWPR) reported in 2003 that Afghanistan has one of the highest rates of widowhood worldwide (IWPR 8 Oct. 2003). In May 2006, the International Organization for Migration’s (IOM) Kabul office estimated the number of widows in Afghanistan to be over one million (15 May 2006). In the month prior to that, the United Nations Development Fund for Women (UNIFEM) placed the number of "war widows" in the country at more than two million (11 Apr. 2006), with between 30,000 to 50,000 widows residing in the capital, Kabul (UN n.d., 1). Most women are widowed as a result of the more than two decades of conflict in Afghanistan, during which many men were killed or went missing (ibid.; IOM 15 May 2006, 1; IWPR 8 Oct. 2003).

Low life expectancy and early marriage in Afghanistan result in women often being widowed in their 20s and 30s (ibid.; UN 15 Feb. 2006, para. 28).”

The cumulative effect of the conflict is demonstrated by the story of a widow who lost a son at the start of the Soviet invasion, then lost her second son and husband after the Soviet withdrawal in 1989, finally, during the Taliban period, her final son was killed. Originally a carpet weaver, she now keeps a set of chickens to sell eggs as the only means of survival, which she uses to support her widowed daughter-in-law and three granddaughters. There are no male relatives (248).

The effects of continuous conflict, lack of a social safety net and highly discriminatory cultural practices that severely limit women’s livelihood options, have been so serious that 65 percent of widows in Kabul interviewed for a UNIFEM survey (completed in 2006) said they consider suicide a real option (249). The situation is succinctly summarised in the following account, drawing attention to the combined issues of the material and socially marginalising effects on war widows: “According to my interviewees there are approximately 35,000 women-headed households in Afghanistan, mainly because so many men were killed during the war years and under Taliban rule (1996-2001). These women are called zanane bee sarparast (unprotected women), itself a derogatory term. In the post-Taliban era, they have been cast out by both family and community. They constitute the poorest of the poor and intra-familial violence against them has increased. Many women believe there is a real danger of a large number of women being socially excluded because they are beggars, sex workers, or household heads….indeed, Kabul’s

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248 BBC, Tuesday 31 January 2006. “Poverty haunts Afghan security quest.”
249 Sadid (2006). At the press conference for the survey results, the director of UNIFEM, Meryem Aslan, is cited as drawing attention to the role of discrimination in Afghanistan compounding the effects of war.
streets [are] full of beggars, especially women and children” (250). Afghan women who have no able bodied husband or male relatives, or children who can work for cash income, are often forced into begging and prostitution because of the extreme hostility towards allowing women to work. The conditions are so severe, that some widows have resorted to selling some of their children in attempt to feed the remaining children.

One researcher observes similarly:

“Three decades of war and conflict have left about one million widows to support broken families in a deeply impoverished and divided country, where it is still frowned upon for women to leave home or take jobs, so that sex work too frequently becomes the only possible source of income. Afghanistan has reeled into ever increasing violence as the insurgency has flared in recent years, so the number of widows continues to rise” (251).

In Rwanda, post-genocide, the economic and childcare burdens on surviving widows have been high. “A middle-aged widow lost her husband and her four youngest children in the genocide. She now lives in Kigali with her three remaining children and several orphans she has adopted. She loves children. Though caring for these orphans cannot replace the children she lost, she feels less sorrow. While having a salaried job, she is not secure. She fears a younger person with higher educational qualifications may replace her. Losing her job would make her situation much more difficult. With her modest income and help from a relative, she regularly provides meals daily to more than fifteen people in her household” (252). Around 2001, widows are estimated to represent 60 percent of female-headed households in Rwanda (253).

Similarly in Nepal, due to the former civil war and a strong tendency of aversion to widow remarriage, the government has proposed a scheme to pay men to marry widows. Opponents of the policy point out that it is at risk of abuse by people traffickers and that the one-off payment is not enough to ensure widows enter marriages with the means to provide for existing children from previous marriages (254).

While in Sri Lanka, after 30 years of war between the Tamil Tiger rebels and the Colombo government, the estimated 33,000 war widows in Eastern Province alone are said to be experiencing deprivation: “despite the government’s claims that several measures have been taken up to ameliorate their situation, activists maintain the authorities display a clear lack of commitment to help these women...” (255). Still more alarming are reports citing ongoing

255 Buncombe (2009).
disappearances of men and murder by apparent death squads well after battlefield hostilities have ceased and after the recent end of the civil war (256).

Iranian war widows who lost husbands during the near decade long Iran-Iraq war of the 1980s, were given preferential treatment by the government. This clearly resulted in a clear lack of equity in government policy towards widows in Iran, creating one as a highly privileged group materially:

“...while an ordinary widow received no state assistance, the state fully compensated war widows and their families” (257), “the Iranian programme include pensions, health care, education, counselling, vacation [paid holidays], pilgrimage, subsidised housing, low-interest mortgages, interest-free loans for establishing a business, low travel fare and burial benefits...a monthly allowance until they remarried, custody of their children” (258).

The government also had an active employment placement programme in state organisations. Children of widows were given a range of education subsidies, including a university quota. “Historically, Iranian women have experienced a sharp diminution of economic and social authority after their husbands’ deaths...In most cases her son becomes the main provider for the widow. The war subsidies changed this situation for the widows...” (259).

In addition to material benefits of being a war widow, there was however official state pressure on war widows with respect to their private lives, the state demanded that they remarry:

“During and after the war, the state pressured young war widows to remarry. Ranking clerics, and later President Hashemi Rafsanjani (1989-1997), advocated temporary marriage as a solution to the economic burdens of the war and the moral dilemma of having many young widows around [read: many single young women around in their sexually prime]. There were about 56,000 war widows, and many were asked to engage in temporary marriages with ideologically committed Islamists or disabled veterans. The state also used the issue of the war widows to promote polygamy for all women” (260).

5.3: Discrimination, Stigma, Violence and Predatory Sexual Behaviour

As a guiding framework for understanding material outcomes for widows, investigating discrimination, stigma, domestic violence and sexual abuse are crucial, in conjunction with purely economic factors, in understanding why widows can find themselves either in deep poverty, or alternatively, having to make deeply compromising decisions to ensure their long term material well-being (261).

256 Pathirana (2008).
261 With respect to domestic violence, material well-being decisions and social norms, see Adelman (2004: 66) cited
These are often interlocking themes, although it is difficult to accurately quantify the incidence of any of these on their own or even in combination. Within the same society widows can be despised and face deliberate social ostracism, while simultaneously being seen as suitable for extra-marital sexual gratification by some men.

5.3.1: Stigma and Religion

The popular archetypal image of extreme social conservatism towards widows is focused on the elite segment of Indian society, typically the Hindu Brahmin religious caste, for which remarriage is often not permitted, past acts of sati (suttee) may be revered, and ritualised norms severely restrict daily dress and behaviour for the remainder of these women’s lives as widows. “Inauspiciousness” is often seen as a defining power widows possess, with concrete negative impact on the future of other people if a widow interacts with individuals at the time of performing a key life-cycle event such as marriage. While high caste Hindu social norms for widows are still practiced to varying degrees depending on social differences in rural-urban location for example, for wider Indian Hindu society, characterised as non-elite, widows’ social alternatives are of greater variety, if only out of material necessity. In lower Hindu social groups, widows’ remarriage is more common (262).

In Hindu Nepal, a documentary film showed that widows face discrimination because it is believed that their husbands’ have died as a punishment for immoral acts or crimes the widows committed in a past life. The younger the age of the husbands’ when they died, the greater the severity of the crime the widows committed in the past life. This is significant women 67 percent of Nepalese widows are under age 35 (263). Retribution is further exacerbated by the dead husbands’ families who increase their hostility because they feel these immoral women have forced the families to pay a high price for crimes they did not commit. The same belief was also documented in a study of widows in southern India (264): “widowhood was considered “fate” by at least 58.4 percent of the working widows and 28.7 percent of the non-working widows [in interviewed]. Many of them believed it was the curse of a previous birth [life] and some felt it was a consequence of not satisfying the deity [God]”.

The significance of convoluted social and religious attitudes is because at the same time that the widow is mistrusted, she can be revered, as the case of Roop Kanwar demonstrates. Roop was

by Merry (2009: 103). A practical example: “...battered wives in Bangladesh who, despite their husbands’ cruelly, would not file for divorce nor leave home because in their country separated, abandoned, or divorced women are considered social outcasts...” Sancho-Liao (1993: 31-32); a similar attitude can be found in strata of Indian society. Widows are treated similarly in both societies.

262 Harma (2011), paraphrased. Dreze and Sen (2002: 264) also make this point on Indian widowhood practices and conditions “vary a great deal between different...classes...” Widows generally face worse conditions in northern India, which is significant as the majority of the total population is located there. For a rare quantitative India-wide study of remarriage, see Bhat et al (1984).


an educated young woman who is said to have committed ritual suicide by fire – sati – on her husband’s funeral pyre in 1987 in Jhunjhunu, Rajasthan, northern India. Her case became famous because the assumption was that sati was no longer practiced.

However, the women’s activists who protested against the circumstances of her death were condemned by a counter protest that accused them of having been “corrupted by western values, [and that] their devaluation of the incident of sati, the supreme glory of Hindu womanhood, had to be stopped.” Roop has not been the only recent case, as stated by research published in 1996 (265).

In terms of the percentage of widows experiencing key forms of physical abuse, an initial estimate is possible by using the percentage from statistics for all women, prepared by UNIFEM: “globally, one in three women [or over 30 percent] will be raped, beaten, coerced into sex or otherwise abused in her lifetime” (266).

Applying this statistic to the global widows figure of 245 million, gives a figure of 81 million abused widows (33 percent of widows). While not precise, given that widows are open to higher levels of abuse than other women, this still gives a sense of the magnitude of the problem internationally. In terms of the likely regional distribution of abuse of widows, Kate Young of NGO Widows Rights International explains, “research in different cultural contexts clearly shows that the mistreatment of widows is most acute in South Asia and Sub-Saharan Africa” (267). Evidence from studies on widows in India and Bangladesh show that mortality rates of older widows were on average 50 percent higher than those for women of the same age range who still had husbands. In the case of India, a study on widows ages 45 and over showed that they had a mortality rate 82 percent higher than that of women of the same age still with husbands (268).

5.3.1: Stigma and Sex

As a guiding framework for understanding material outcomes for widows, investigating discrimination, stigma, domestic violence and sexual abuse are crucial, in conjunction with purely economic factors, in understanding why widows can find themselves either in deep poverty, or alternatively, having to make deeply compromising decisions to ensure their long term material well-being (269).

266 Quote continues: “Violence against women has become as much a pandemic as HIV/AIDS or malaria. But it is generally downplayed by the public at large and by policy makers…”, UNIFEM (2003: 6).
268 Bangladesh study is Rahman et al (1992); India study is Bhat (1998).
269 With respect to domestic violence, material well-being decisions and social norms, see Adelman (2004: 66)
In some parts of the world, widowhood takes on a social status which often encompasses an ambiguous, and at once convoluted, socially imposed reasoning that links the distrust and disdain associated with single women with widowed women. Single women are often described as sexually “loose” by a priori assumption, i.e. promiscuous at best, and prostitutes at worst, and local expressions in language for, and views on widows, have taken on the same meaning. Demonstrating the deep rooted nature of this attitude, it is also frequently applied to unmarried school age girls in the age range 12-17 (270). It is well documented that some terms for “widow” are synonyms for “prostitute,” for example in Hindi, the most widely spoken of the regional languages of India (271). As a result, women often prefer not to use the term “widow” at all.

This stigma means that widows can lose out on employment because employers want to avoid associations with widows’ perceived sexual availability and the implication that this was the route to their employment. It can also mean they cannot get credit and other inputs for livelihoods because they have not been permitted to travel outside their village communities, therefore do not know their regional geography, because such activity is seen as sexually questionable. Martha Chen, a specialist on Indian widows, observed on this issue in India that “whether of not widows who work as domestic servants or wage labourers or factory workers also engage in or are coerced into prostitution, they are perennially suspected and accused of sexual misconduct” (272).

A poor widow from Kithoor village, Rajasthan state, India, reported: “If a woman travels out of the village too often on her own, they say she roams around, that she is a loose woman” (273).

This attitude toward the perception of sexual promiscuity can mean that basic protection within their home and home community, including protection from rape, can be impossible, as the following case study illustrates:

“Kodiben had three children when her husband died. Soon afterwards her married brother-in-law, living with her in the joint family, tried to rape her. His wife knew of the incident and was jealous. The second time he caught Kodiben when she was collecting firewood and she was badly hurt. Bravely she appealed to the panchayat (village council) for justice and protection. Its cited by Merry (2009: 103). A practical example: “…battered wives in Bangladesh who, despite their husbands” cruelty, would not file for divorce nor leave home because in their country separated, abandoned, or divorced women are considered social outcasts…” Sancho-Liao (1993: 31-32); a similar attitude can be found in strata of Indian society. Widows are treated similarly in both societies.

270 On India: “The association between school attendance by girls and immortality is one of the reasons for early marriage of their girls and withdrawal from school even without marriage in many parts of the country…[referring to a district of Karnataka state, southern India] the cultural environment is so conservative that school attendance by adolescent girls is associated with immorality,” Jha and Jhingran (2005: 230). The latter is a rare an in depth country-wide study. School attendance by girls is equivalent to adult women living alone, in both cases they are outside the family home.


members decided that she should live separately but that her widowed father-in-law should live with her to protect her. The jointly owned land was divided and she, her children and the old man began to live in another house. At first everything was all right, but then the father-in-law began to harass her sexually. Desperate, she appealed again to the panchayat but its members refused to believe her this time. They accepted the father-in-law’s version and condemned Kodiben for her loose ways. Kodiben was distraught with shame and felt she could no longer hold her head up in the village. She drowned herself in the pond the next night” (274).

Other widows may find they are unable to defend themselves against sexual advances or to take such uncompromising action as Kodiben did. Greg Mortenson account of his time in rural northern Pakistan made reference to a local man who regularly visited a widow for sex (275).

In Iran, men also see widows as sexually available. “I must take care every moment. Men, when they see a widow woman, they view her as an easy and helpless prey” comments of one Iranian widow (276).

5.3.2: Stigma and Rape During War

Debilitating outcomes for widows are made more likely given their unprotected status. Rape is one of the most common and most serious events that can affect a widow. Human Rights Watch remarked, “Worldwide, victims of rape are stigmatised and made to feel shame for the crime that has been committed against them. As a result, rape is one of the most under-reported crimes. One [Rwandan] rape survivor said “after rape, you don’t have value in the community” (277).

While the civilian context of rape is less easy to predict and quantify, war in most parts of the world still guarantees frequent rape, and not uncommonly, mass rape.

Rape is only the starting point of the ordeal, as in many societies, confused thinking on women’s issues prevails to condemn the rape victim. In many rural societies where personal status and family status have crucial economic implications, no single aspect of status for women is more important than sexual purity, and more precisely, the perception among members of their local community of their sexual purity. Sexual purity covers both promiscuity and sexual abuse (an involuntary sexual act committed against them). Women rely on their sexual purity in order to secure their long-term material well-being through marriage. Rape then is a near guarantee of destitution.

Currently, with the existence of HIV/AIDS, rape is also a death sentence in many countries, and combined with war, major demographic upheaval is certain. Human Rights Watch reported after the Rwandan genocide, that with its use of mass rape:

274 Recounted by Owen (1996: 19).
275 Mortenson and Relin (2008).
“The profound discrimination against women has carried over into a post-genocide Rwanda and poses serious problems for women, particularly given that they now constitute roughly 70 percent of the population. Many survivors are widows who lost their families in the genocide and found themselves displaced or refugees with no remaining male relatives, as a result many female genocide survivors have been reduced to an even lower standard of living now that they are widowed or orphaned. Most have little education, lack marketable skills, and are often denied access to their husbands’ or father’s property because they are women. In addition, rates of maternal mortality as well as malnutrition have reportedly risen since the genocide.”

Against the Mayans in highland Guatemala during the 1980’s civil war, “widespread use of rape during counterinsurgency war was a gendered way in which the military attacked the social fabric of family and community life. Widows in particular are forced to confront multidimensional problems as they struggle to survive: not only the loss of family members, but in some cases the rupture of family ties and outright hostilities within families, in some cases leading to domestic violence...” (278).

The International Criminal Tribunal on Rwanda (ICTR), is said to have achieved recognition of rape “as a war crime for the first time” (279). In addition, rape and “sexual enslavement” in wartime were classified as “crimes against humanity” as part of the International Tribunal for Yugoslavia.

In conventional war, i.e. not genocide, women have a higher chance of surviving conflict, while it also means they have a higher chance of being widowed, and therefore displaced as refugees, without the protection of their husbands or communities.

The spreading of HIV/AIDS through rape during conflict has serious implications for Sub-Saharan African countries. As one researcher observes, “the link between conflict and HIV/AIDS is two-way: the virus is a threat to peace and is spread particularly by war” (280). Once a war or significant civil unrest has begun, large movement of people as refugees sets the scene for the spread of HIV/AIDS and other communicable diseases. The main transmitter risk is through armies, either through the use of mass rape by soldiers as a political tactic, or through generally increased level of opportunist sexual assault or through women and girls resorting to prostitution as a means of survival (281).

Estimates at the height of the HIV/AIDS epidemic (during the 1990s) placed the level of HIV/AIDS infection among soldiers in the South African army at 40 percent, in the Angolan at up to 60 percent, and in the DR-Congolese and Zimbabwean armies at around 75 percent each. In addition, many Sub-Saharan armies are involved in peace keeping operations in Africa (282). As

280 Smith (2003: 84).
the UNHCR states, “in any civilian exodus, women and children normally make up an estimated 75 percent of a refugee population” (283). In wartime, women, and by extension, widows, face a severe risk of rape from ill disciplined soldiers acting on their own, or at worst, from organised mass rape. In either case, they face the threat of being raped more than once. UNHCR, the United Nations refugees and IDPs agency, reported in 1999 that at Kanembwa camp in Tanzania, 26 percent of the Burundian female refugees between ages of 12 and 49 had been raped (284). These types of conditions are favourable for the rapid transmission of HIV/AIDS and other sexually transmitted diseases, and it is clear that widows, as part of refugee groups, have multiple health risks and conditions that affect them.

Meanwhile aspects of the stigmas of rape and HIV infection act to prevent HIV-infected widows from gaining the little specialist assistance that is sometimes available, as an Eritrean widow reveals:

“I am a member of an association of people living with HIV and AIDS. But I am not an active member, because many of the members are commercial sex workers and I do not want to be associated with them. I thus fail to get the benefits that I could get with the association” (285).

5.3.3: Widow “Cleansing” and “Inheriting”

Two of the most detrimental practices specific to widows, which constitute harmful traditional practices, are widow cleansing and widow inheriting. Cleansing involves compulsory sexual intercourse with another man after a husband’s death, it is a practice that, based on the available evidence, appears peculiar to Sub-Saharan Africa. Cleansing is clearly a high risk practice in the face of the HIV/AIDS pandemic in Sub-Saharan Africa, as well as with respect to other sexually transmitted diseases: Hepatitis B is a hundred times more infectious than HIV, and an estimated 350 million people are infected. Cleansing, as forced sexual intercourse on a par with rape, presents a clear legal and moral problem as a violation of a woman’s ability to maintain the physical integrity of her body and her psychological integrity. Widow inheriting is a practice, seen across the developing world, where it is especially widespread in Sub-Saharan Africa, and can be found in parts of South Asia and the Middle East. It involves the brother of the diseased husband marrying his widow (sometimes referred to the practice of levirate); or alternatively, if there is a choice on remarriage where she chooses not to remarry the husband’s brother, it is limited to the widow promising not to remarry outside the family in order to keep her children and any property inherited from her husband (often there is no right of ownership of husbands’ property only use rights that constitute the widows’ property inheritance).

An entirely different perspective is placed on rape or forced sexual intercourse by the Sub-Saharan African practice of widow “cleansing”. This case is from Malawi in 2005:

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283 UNHCR (2002: 6); in 2002, UNCHR reported an estimate of 1 in 5 women worldwide are victims of rape, (ibid., p. 7).
284 Quoted in Izumi (2006: 15). See also footnote for previous quote by Kidan above.
285 The term harmful traditional practices is widely used in international development practice.
“In the hours after James Mbewe was laid to rest his 23 year old wife, Fanny, hid in his sister’s hut, hoping that the rest of the in-laws would not find her. But they hunted her down, she said, and insisted that if she refused to exorcise her dead husband’s spirit, she would be blamed every time a villager died. So she forced herself to have sex with James’s cousin…”

Widow “cleansing” is required because it is believed to break the supernatural or spiritual bond between the widow and her dead husband’s spirit; if this is not done, the husband’s spirit is believed to cause a range of negative outcomes for the widow’s local community, such as the deaths of individuals as mentioned above, a kind of supernatural turbulence. The choice for the widow is stark: either be “cleansed” or be banished from the local community. Cleansing appears to be solely a Sub-Saharan African phenomenon, as the research for this report did not uncover references to it in other cultures. In Sub-Saharan Africa, while it is found all across the continent, it is not universally practiced within countries.

In Zambia, Paulina Bubala’s husband died of what appeared to be AIDS-related symptoms in 1996. Soon after the funeral, both Ms. Bubala and her husband’s second wife covered themselves in mud for three days. Then they each bathed, stripped naked with their dead husband’s nephew and rubbed their bodies against his. Weeks later, she said, the village headman told them this cleansing ritual would not suffice. Even the stools they sat on would be considered unclean, he warned, unless they had sex with the nephew. “We felt humiliated,” Ms. Bubala said, “but there was nothing we could do to resist, because we wanted to be clean in the land of the headman.” The nephew died last year. Ms. Bubala said the cause was hunger, not AIDS. Her husband’s second wife now suffers symptoms of AIDS and rarely leaves her hut. Ms. Bubala herself discovered she was infected in 2000.

What is perplexing about this story is that in spite of the negative impact of her own “cleansing,” and the fact that she has been working as an HIV/AIDS volunteer awareness raiser, Ms. Bubala still appears to support “cleansing” (286).

Similarly, in another case from Malawi: “Shortly after Emily Owino’s husband died, her in-laws insisted that she be "cleansed" by having sex with a social outcast, a custom in her region, as a condition of staying in her home [because of the need to break her link with her dead husband’s spirit]. They paid a herdsman to have sex with Owino, against her will and without a condom.” (Human Rights Watch interview with Kenyan widow Emily Owino, Siaya, November 2, 2002) (287).

Together with “cleansing”, widows face being literally inherited by their dead husbands’ brother (the second eldest brother among siblings). “Widows inheritance is a common practice in certain Asian, South American, and African societies” (288) as well as parts of the Middle East. Most of the available evidence focuses on Sub-Saharan Africa, where like widow “cleansing”, is found

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286 La Franiere (2005).
across the continent but is not universally practiced within countries. There is also research evidence of widow “inheritance” in some parts of South Asia. The purpose of widow inheritance is to provide a safety net for the widow and her children, and to prevent the widow re-marrying outside her dead husband’s family. Preventing remarriage is important because the children of the widow are considered to be the direct preservers of the dead husband’s family line, and therefore must be kept within that family. Widow inheritance clearly does not take into account the wishes of the widow with respect to remarriage or any wish to not remarry. It also sometimes does not take into account a widow’s right to retain her children as an example from Palestine shows:

“For widows, ...it is social relations rather than access to property that really count. A widow is usually more concerned about being able to keep her children than about realising her property rights in her husband’s estate. When households were still mainly dependent on agriculture for a livelihood the importance of women’s labour was recognised and children were seen as an asset. If a rural widow had to give up her children it was because her kin wanted her to return home; in particular if she was young, they may have feared for her reputation and wanted her to remarry. Unless she married her husband’s brother, her in-laws would not allow her to keep her children and, legally, she would be obliged to give them up” (289).

A combination of these traditional practices of “cleansing” and “widow inheritance”, HIV/AIDS and the lack of government intervention has produced highly destructive results among the Luo ethnic group in Kenya:

“In the past, tero [widow inheritance] was a practice of “guardianship” through which the widow and her children were taken care of by her husband’s family, and through which she could continue to have children in their dead husband’s name. Since the widow was “taken” by an agnate of her husband, the practice ensured that her sexual and procreative capacities were contained within her husband’s lineage, while providing security to the widow had her children after the husband’s death.

“In the 1980s and 1990s, with the emergence of the AIDS epidemic in western Kenya, the practice of tero began to change dramatically. First, the problem of what to do about widows has become particularly acute because AIDS has created many young widows, many of them HIV positive. Second, with the high death rate from AIDS in recent years, brothers and kinsmen are reluctant to expose themselves to the risk of AIDS [exposure via widow cleansing by sexual intercourse and widow inheritance] or undertake the responsibility of another household. It is becoming common for an unrelated man to be given money or goats to “cleanse” the widow of her husband’s death. Most strikingly, there has been a shift from being “taken” by an agnate to being taken by a “professional inheritor”, a man outside the husband’s lineage and often outside Luo community itself. [These men are “professional inheritors” because they live off providing the sexual widow

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289 Moors (1996: 79). Research data is from the 1980s in rural areas around Nablus.
cleansing ritual, and move from village to village] (290). Taking a widow has become a “job” which is done in exchange for money and material benefits, and tero is often described today as “a business”. People also complain that today, instead of doing tero in its proper place, the home, widows are increasingly drawing upon both AIDS education discourse and church support to refuse to be inherited at all.

“There are numerous reports of widows being forced off their husband’s land and their property being taken because they refuse tero or because they are accused of spreading HIV/AIDS. Many of these widows and their children end up trying to eke out a living in town from petty trading, bar work or commercial sex work.

“Young widows are regarded as a threat to the well-being of the home and its people, either because they are suspected of being HIV positive or because, by refusing tero, they carry widow’s dirt (chola)” (291).

Nancy Luke records that, at the same time as deceased husbands’ brothers avoid performing widow cleansing for fear of HIV/AIDS, they still insist, in order to fulfil cultural norms and to avoid supernatural retribution that comes with breaking traditional practices (this retribution is called chira), that widows are cleansed by someone, hence the “professional inheritors” (292). Regardless of who does the cleansing, the woman, as a widow, is passed on to a male relative regardless of her views on the matter. The belief in the importance of widow sexual cleansing is because an evil spirit is believed to have been responsible for the death of the husband, and until the cleansing ritual is completed to remove the evil spirit, the belief is that the evil spirit is still surrounding the widow. Therefore, widows are not permitted, or should not, go to market, for example, if the widow passes by a someone dies or falls ill, this is the result of the evil spirit that surrounding the widow; similarly, no one should eat at the home of the widow (accept the widows own children – in the same way, the widows’ children are also not permitted to circulate normally in the community until cleansing has been performed). Violators of this social norm who “cause” harm to someone else as a result, can be in serious physical danger from the community, this is because the community believes the widow is acting in full knowledge of what “she is capable of” (293).

“Cleansing” has been recognised as a serious problem, for example, in a recent Open Society Institute report on HIV/AIDS in Kenya, that makes the link between property rights, widows’ inheritance and the spread of the pandemic, “cleansing” was included as one of the key HIV/AIDS transmitters: “Widow inheritance and widow cleansing – the practice of forcing a women to marry a relative of her deceased husband and also sometimes to have sex with a “village cleanser” in order to be accepted back into the community – are both linked to HIV infection in

\[290\] The terms “professional inheritors” appears to have first used by Nancy Luke; on details of the practice, see Luke (2002).
\[293\] Interview with respondent from the Luo community, March 2015.
Kenya” (294). “Cleansing” can even include widows “having sex with their husbands’ dead body” (295).

In Uganda, Kamya, age 24, provides a male perspective of the also unwilling brother required to inherit his older brother’s widow (296).

“I was only 22 when Sula, my brother, died. I was waiting for my college exam results. Meanwhile, I worked as a minibus conductor. At the burial ceremony of Sula, we discovered that he had left no will. So the clan elders came to me after their meeting. They told me I was going to “take on” Namutebi – Sula’s widow – and also her three children. “Ah, me?” I asked them. “I am only a college student. How can I take on the widow?” “It is because you are the oldest brother of the dead man. It is your duty to take care of the widows and orphans. The children are your blood,” the old men said. I was shocked. I was angry. Sula was a rich man when he lived. He had his coffee plantation. He never shared his wealth with me. And then I felt fear, because everyone knew that Sula had loved many women. He must have died of AIDS. So his widow had HIV. All these thoughts ran through my mind that day, but I could not challenge the clan elders. I went through with the inheritance rites. But since then, I have never gone back to see Namutebi and her children. It is now almost two years.”

5.3.4: Husband Killing and the Stigma of Witchcraft

Accusations of witchcraft levelled against widows typically take on two forms. First, widows or any age whose husbands have just died in what appear to the community as unexplained circumstances, are accused of killing the husband by witchcraft, while typically, the cause is an unidentified or unknown disease. A good example, of this from western Kenya, is HIV, when HIV was still poorly understood during the 1980s, 1990s, and part of the 2000s (meaning, they did not know it was HIV or what HIV was) across the entire rural population; some women whose husbands died during that period still live under the stigma of community members focusing on murder (by witchcraft) rather than HIV as the cause. HIV continues, in 2015, to be poorly understood by some community members in western Kenya, with denials of HIV as the cause of death of family members.

Second, “women who are violating norms of female behaviour by living on their own – often in widowhood – face accusations of witchcraft in many parts of the world” (297). This typically happens to older widows, particularly those who are elderly women. Even without violating social norms, in the immediate aftermath of a husband’s death, deliberately caused the deaths of their husbands, i.e. they are often effectively suspected of murder, with the burden of proving otherwise resting on the widow (298). The claims are always baseless, and not motivated by

295 Sweetman (2006: 3-4). Note, this is not a specific example from Kenya, but was stated without country reference.
298 A possible explanation for this, this suspicion exists as part of a generalised understanding across many Sub-
actual evidence. Suspicion of this kind is more common, as reported for Nigeria, “....in cases where there are no children, the family [of the deceased husband] will often suspect the widow had been involved in the husband’s death” (299). Having children is no insurance however, as this actual example from southern Nigeria shows, “Beatrice’s husband died intestate in 1991, six years after their marriage. Immediately after his burial, Beatrice’s in- laws summoned her to a family meeting and accused her of killing her husband. They forcibly took away her two small children, ordered Beatrice, five months pregnant at the time, to move out of her matrimonial home without her belongings, and told her that she could return after having the baby to swear an oath that she did not kill her husband” (300).

This suspicion has been well-documented as a stigmatisation of widows through the alleged use of witchcraft, which leads to the claim by relatives that they have deliberately caused the deaths of their husbands, and some cases, of other individuals. In other cases, an accusation of witchcraft is motivated simply by the desire to acquire widows’ property or to exact revenge for an alleged transgression. There is also the belief that if the widow is believed by members of the community to be practicing witchcraft, they are responsible for droughts and outbreaks of disease. The incidence of stigma through claims of witchcraft and the serious consequences that result occur in such geographically disparate locations such as Papua New Guinea, India, and Sub-Saharan Africa. It typically exists where the reach of formal law and a police presence are limited or non-existent. The problem is so pervasive in Papua New Guinea that a government official has been quoted as saying, “witch killing is out of control” (301). The Melanesian Institute on the island researches the killings.

It is clear that “witchcraft” represents a concrete threat to the life and health of a broad spectrum of widowed women.

Older women are at increased risk of being accused of witchcraft. In participatory research undertaken by Help Age International in Tanzania, older widows living alone raised accusation of witchcraft as a key issue of concern for them. “The solitude of a widow brings additional problems – if she is not seen much about the village, an air of mystery may grow up around her, which

Saharan African societies, whereby death is not understood as a random event, but instead is seen as having been caused deliberately with the intention of obtaining a given end. The understanding is that living human beings can call on the spiritual to affect other human being as directed. Similarly, this is related to the reason for the strong observance of “cleansing”, where it is taken as given that the negative influences from the spiritual world will result with concrete consequences if “cleansing” is not performed. This is as reported by a African religion specialist, himself an African, Professor of Religion, John S. Mbiti, with several international teaching positions. See Mbiti (1991:117).

299 As earlier, recounted by interview between the Immigration and Refugee Board of Canada and an unidentified Associate Professor of Anthropology and a Nigeria specialist from Franklin and Marshall College, Lancaster, Pennsylvania, USA, (no name given by the Canadian authorities). See Immigration and Refugee Board of Canada, 28 August 2000.

300 Ewelukwa (2002: 426). This kind of practice is typical for southern Nigeria, while in northern Nigeria, Islamic law obtains.

301 For a graphic overview of witchcraft in Papua New Guinea, see Unreported World, Channel Four, Friday 8 May 2009. The documentary show the example of a widow who is accused of killing her husband using witchcraft.
contributes strongly to accusations of being a witch. They are often seen as cleverer than older men and often have physical signs of being a witch [perceived by the community] – red eyes, wrinkles, bags under the eyes, twisted limbs, gnarled hands” (302). Depending on the particular locality, there can be a serious level of threat for widows: organised vigilante groups specialise in the interrogation, torture and execution of the accused. A Papua New Guinean woman accused of witchcraft was spared execution by offering assistance the vigilantes – as a witch, she could identify other witches it was said (303).

Witchcraft allegations are often clearly caused by straightforward ignorance, for example, of how disease is spread. An adult working age male from a village in Tanzania was recently recorded as declaring:

“The witches must be killed. My son got diarrhea and died. It was the witches. Of course they deny it...” Another man stated: “witches use the power of our ancestors to harm others. It happened to my grandfather. One day he got pricked by a thorn, and he died the next day. How can a thorn prick kill somebody? He must have angered a witch. It was the same with my father. He was a mentally well man. But then he was bewitched and we haven’t seen him since.”

This is a particular problem for older widows, and regularly leads to their murder. One investigation in Tanzania reported “Witch killings are a daily event in Sukumaland. The victims are almost invariably old ones, living alone.”

A Tanzanian activist states: “Witch-hunting is the most extreme end of the extreme views towards women held by many men here. Women do the vast majority of the work. We are seen as the property of our husbands. Women are not allowed to decide anything about their lives. We have no rights, no property, and no say. Widows are the exception – and that is why they are targeted. Any bad thing is blamed on us, and we can’t answer back. It ends with us being blamed even for disease and death” (304).

Help Age International (HAI)-Tanzania explains the context of belief that older widowed women practice witchcraft: “ unlike other crimes, violence against older women is not just tolerated but accepted. The perpetrator of an attack is usually known and the feud is personal. The killing of an older woman had taken place the night before we arrived to meet Bugandando villagers. [HAI] was sure it had been a deliberate act of intimidation intended to crush the momentum of activists like him. Many older women are vulnerable targets with which to attribute blame for unforeseen problems. They are also regarded with suspicion for having outlived many of their own children - the so-called ghost generation of HIV and AIDS. UNICEF estimates that 14% of all children in Tanzania are orphans, of whom 64% are cared for by grandparents. The reasons for these killings are complex. Tanzania and Mozambique remain two of the poorest countries in the world with

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302 The Independent (London), 2009. Article by Hari.
303 Unreported World, Channel 4, Episode 9, (2009).
over 50% of the population living below the locally defined poverty line. A belief in witchcraft and the use of traditional healers to vocalise suspicions and vendettas seeps through the lifeblood of East Africa. There is nothing wrong with belief in spirits and a connection to the land; it is no different from other organised worship. The harm is in utilising a respected and ancient belief system to justify irreligious violence and brutality for settling jealousies and fear of the unknown. Witchcraft is a vague and loose term, defying exact definition. All too often an accusation of witchcraft prevents the participants from confronting the true nature of the social problems that face them. Searching for herbs in the scrubland rather than making expensive and exhausting journeys to clinics is seen as a telltale sign of witchcraft, as are red eyes: in reality often the result of older women spending a lifetime stirring maize porridge over smoky fires” (305).

An FAO (UN’s Food and Agriculture Organization) field officer cites the practice of false allegations of widows being witches and causing husbands’ deaths has intensified due to the current link between HIV/AIDS and economic issues:

“Widows are often held responsible for the deaths of their husbands for allegedly having infected them with HIV/AIDS, or causing their death through witchcraft. Property-grabbing from widows and orphans is not a new phenomenon, it existed prior to the HIV/AIDS epidemic. However, HIV/AIDS has worsened the situation. Increasing rates of infection and the stigma accompanying the disease only add to the economic vulnerability of widows and orphans” (306).

Witchcraft accusations are also documented elsewhere in Sub-Saharan Africa, as well as in the Indian state of Orissa. There is also a general reference to Dalit women (formerly referred to as “untouchables” (India)) as witches.

In research carried out by Oxfam Project Officer Puja Roy in Indian state of Bihar in 1998, the results cast doubt on “the assumption that the persecution of women accused of witchcraft is a problem restricted to tribal people, and that it is caused by illiteracy and superstition.” Her research suggests that violence against “witches” is better explained against a background of female economic subjugation, sexual exploitation, and the persecution of widows and independent vocal women” (307).

From 1991-94 in West Singhbhum District, Bihar state, 60 women were accused of being witches and tortured to death (308). There have also been documented cases in Bihar of the use of murder after an accusation of witchcraft, with the real motive being the desire to unlawfully appropriate land. The latter is part of a general pattern of violence often employed by relatives to acquire land from widows:

305 Help Age International-Tanzania, website, accessed March 2015: http://www.helpage.org/newsroom/features/no-country-for-old-women/
“Pressure on widows with children to sell their shares [in land] to a relative at a low price, or to lease it out, is usually considerable. Single women (married or widowed) are particularly vulnerable to harassment by male kin who may threaten to kill them if they insist on exercising their claims [to property and land]. Cases of direct violence to prevent women from filing their claims of exercising their customary rights have also been noted, especially in Bihar, beatings being common...” (309).

The same research study disclosed the case of “a widow and her daughter-in-law [who] were forced to parade around the village naked. They were branded as witches because they refused to oblige four prominent men with sexual favours. When they reported this to the police, the villagers responded by burning their house down” (310).

5.3.5: The Threat and Stigma of HIV/AIDS

Stigma surrounding HIV/AIDS affects not just those people who have the disease, but people closely associated with them. Currently in Kenya and Uganda, widows of HIV/AIDS husbands speak of HIV/AIDS discrimination being attached not only directly to them as wives of HIV victims, but to all widows as a group (311).

The situation is such that a widows-HIV discussion group on the internet has been set up for the un-infected “HIV widows”. Stigma with regard to HIV/AIDS is considered particularly harmful, because it has been shown to cause infected people to avoid treatment, and to avoid frank and open discussion of the disease, which is said to have led to denial of risk (312).

In addition to the threat to widows posed by rape in war time with respect to HIV/AIDS, when widows are evicted from their homes by relatives and left with no income and no immediate employment prospects, prostitution is often the only option. The case of Munni, the widow from northern India recounted earlier, is a case a point. The totality of her story is incomplete without emphasising that she is very likely to become infected with HIV/AIDS. What HIV/AIDS emphasises about the prospects for widows is the pivotal role played by relatives through the power they have to safeguard or literally destroy widows’ lives. Many rural women who enter prostitution have been shown to be unaware of the presence of HIV/AIDS and how it is transmitted. The result of such abject economic deprivation and discrimination against widows that leads to prostitution and lack of knowledge of the disease are predictable. A World Bank publication on the HIV/AIDS epidemic in South Asia observes: “in....parts of India, the scale and frequency of commercial

311 For Uganda and suspicion of HIV/AIDS directed at widows and fear of being ostracised, see Nyanzi et al (2007: 3-4).
312 The US Centers for Disease Control and Prevention (CDC) state that, “while stigma’s pernicious effects are perhaps most obvious in countries other than the US, stigma negatively effects Americans as well.” As of 2000, 20 percent of American held stigmatising beliefs towards HIV/AIDS victims while “leaders of the Christian Right also work to keep AIDS-related stigma alive.” Moremen (2003: 398-399): citing CDC (2000; 2002) on stigma and data respectively; Herek and Capitanio (1999) on the Christian Right and stigma.
unprotected sex have been sufficient to ignite epidemics among sex workers, their clients, and a growing number of the clients “sexual partners” (313).

5.3.6: Anecdote

Violence towards widows does not always come from obvious sources, as a widow, living in Vrindavan, Uttar Pradesh state, northern India, recounts:

“Life has taught me that women are the enemies of other women. My husband and I were happy at first, but when I couldn’t give him a child he began to beat me. Then he took another wife and we all lived together in the same house. A few months later I found out I was pregnant. This made the other wife very jealous. We carried on like this for two years until my husband fell sick and died. By this time I was pregnant again and had a second baby boy, which only made the other wife even more jealous. One afternoon she crept into the room where I was asleep with the baby and set fire to the bed. The heat and smoke woke me up and I started to scream. The neighbours rushed in but it was too late and my son burned to death. My brothers-in-law beat the woman and threw her out of the house, but she was never arrested or held responsible for what she had done. I suffered fifty-percent burns all over my body and my mother had to sell all her land to pay the hospital fees” (314).

5.4: Ebola: Widowhood as a Driver

Ebola and widows are linked in a significant way not because more men are dying than women, but because the practice of widow cleansing, widow inheritance, mourning rituals and burial rituals ensure that widows act as a means of spreading the ebola virus, widows are acting as a disease vector. This sections shows how widowhood can act as a facilitator of public health disaster, a parallel being with the HIV epidemic, widowhood in this context is not an outcome of different factors, but a driver of outcomes.

Safe handling of ebola infected bodies requires complete protective covering in hazmat biohazard suits to avoid even the tiniest contact with infected body fluids from the ill person. The close contact traditional practices go against these life saving measures.

In addition, to the high risk of death after being put into contact with the husband’s corpse, if the widow is able to avoid infection, she is subjected to social isolation like other family members of ebola victims, but sometimes also to claims that, as reported in case of Guinea, she “allowed” her husband to die.

Ebola represents an extreme health emergency due to its very high infectiousness, and it high mortality rate, up to 90% depending on the ebola strain and whether a patient was being

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313 Wilson and Claeson (2009: 12). Sex workers lack of knowledge of disease risk, Department for International Development (DFID) UK (2007: 20), in which a sex worker explained it was only after eight years as a prostitute that she learned about the associated diseases and risks. For another recent qualitative non-academic study of the causes of the HIV/AIDS epidemic in India see Brook (2007).

314 Sheikh (2005: 62). “Vrindavan” is also spelled as “Brindaban.”
professional treated or not, due to there being no specific treatment available. The mortality rate among patients at medical facilities was reported at up to 59% (315). Dr. Gabriel Fitzpatrick, a doctor working with the well-known international medical NGO Medecins Sans Frontieres (MSF) – also known as Doctors Without Borders – at a field hospital at the epicentre of the Sierra Leone outbreak, recounted how a family of nine were all killed by the disease in around five days after the grandmother came down with symptoms (316). Treatment is only supportive treatment, which gives a better chance of surviving the disease, but supportive treatment does not directly attack the virus itself, it can only attempt to maintain the body’s processes, such as staying hydrated.

The ebola outbreak began at the end of 2013 in Guinea. “In March 2014, hospital staff alerted Guinea's Ministry of Health and then MSF. They reported a mysterious disease in the south-eastern regions of Gueckedou, Macenta, Nzerekore, and Kissidougou. It caused fever, diarrhoea and vomiting. It also had a high death rate. Of the first 86 cases, 59 people died. The WHO later confirmed the disease as Ebola” (317).

By 30 March 2014, Liberia reported two ebola cases with news of suspected ebola cases Sierra Leone. On 1 April 2014, Medecins Sans Frontieres (MSF), highly experienced in tropical medicine, warned that the ebola epidemic's spread was "unprecedented." However the World Health Organization (WHO), behind the curve on ebola at that stage in the crisis, calls it "relatively small still."

There had been many ebola outbreaks since ebola’s official discovery in 1976 in then Zaire, now the Democratic Republic of Congo. In every case, the outbreaks of ebola were contained, but in 2014 Medecins Sans Frontieres (MSF) warned that this outbreak was different. As time passed in 2014, it was clear that the 2014 ebola outbreak had turned into country-wide epidemics and an international emergency. The prognosis for the outbreak was not good, because of the very slow international response to scale up what MSF was doing, the outbreak had with certainty turned into a regional epidemic, the three countries at the centre of the outbreak, Guinea, Liberia, and Sierra Leone, were all situated next to one another, each has poor quality health systems (318), predominance of entrenched tradition beliefs about sources of disease and how disease works, and a set of traditional mourning practices which act as the ideal format for ebola transmission, all of which involve widows directly in the mourning practices. With ebola, like the HIV epidemic, widows, through traditional practices, appear to have taken on the role of one of the key transmitters or vectors necessary for a disease epidemic to take hold. Traditional practices

http://www.theguardian.com/society/2014/aug/19/western-leaders-ebola-outbreak-africa-medecins-sans-frontieres
318 “Ebola drains already weak West African health systems”, Farouk Chothia, BBC, 24 September 2014
involving widows are not the only key factor turning the ebola outbreak into an epidemic and regional humanitarian emergency, but they are an important factor.

In Liberia for example, the scale of the after effects of ebola are beginning to come to light, a recent article on a Liberian ebola widow appears typical of conditions on the ground as recently reported by Kayla Ruble on 18 March 2015 by an internet new website, VICE News. The following is an excerpt from her report:

“...In the span of a single week at the end of August [2014], Makavi Dulleh [woman widowed by ebola] lost 19 of her relatives to the ebola virus. It overtook her family as suddenly as it had engulfed Liberia – as one member was carted away to a hospital, it seemed another would instantly fall sick. Ebola...entered the family through a an uncle who was a surgeon at a hospital Voinjama, the capital of Lofa County, where the hemorrhagic fever first crossed into Liberia from Guinea a year ago. Dulleh watched her parents, siblings, and husband all contract the virus, until eventually she herself became ill and was taken to the county’s only ebola treatment center during the outbreak....

After 30 days in the treatment center, Dulleh was discharged from the facility with her healthy baby boy Famoya by her side. It was then that healthcare workers explained to her that only she and her brother had survived – the other relatives who had been taken to the hospital had all died. She is one of many women across the country who lost a husband during the deadliest ebola outbreak in history....

...VICE News heard similar stories from various other Liberian women whose husbands died of ebola, losing their partner and often the family’s primary, or only breadwinner. The outbreak crippled the country’s economy; as it wanes a year later, it is clear that widowed mothers have been particularly hard hit. Many now have serious difficulty with feeding and supporting their children......the International Rescue Committee’s (IRC) [a large international NGO] women’s protection and empowerment program in Lofa County.... Told VICE New that [IRC] is learning about more and more widows each day, such that she couldn’t provide an official estimate. The outbreak abruptly threw many women into the position of having to provide for their children. [An IRC staff member explained]: Women in Liberia and Lofa, most of them are dependent on their husbands or other men to be able to make a living”,...noting that education rates for women in Lofa are especially low.”

This initial report strongly suggests that ebola widows and their children will face extreme deprivation unless sustain humanitarian aid in the form of food and livelihoods training is not provided. The article above went on to show that ebola widows are often taking care of several orphans from other families wiped out by ebola. Humanitarian emergency conditions for needs other than immediate medical care of ebola patients and ebola awareness prevention will persist for the foreseeable future.

The Loomba Foundation notes that there are a number of widowhood traditional practices that can make widows a transmitter of ebola and put widows in danger as victims of ebola. These
practices take the form of any or all of the following below as seen across Sub-Saharan Africa in different locations, their practice is by no means universally seen for all ethnicities, but they can be found across all of Sub-Saharan Africa:

1: Widow needs to drink the water that the corpse of her late husband was washed with

2: Widow needs to be shaved, which can take place with unsterile razors or other sharp objects

3: Widows need to have sexual intercourse with another man – called “widow cleansing” – in order to break the spiritual bond with the late husband; if the widow does not do this then the belief is that the husband’s spirit will cause different kinds of problems for the community, so if a widow does not undergo “cleansing” she is usually expelled from her community

4: Widows may have to drink the water that was used to wash the corpse of their husbands’, depending on local practice (it has been reporting in Nigeria)

5: Widow inheritance (confirmed in the case of Liberia by NGO Womankind (319) as being practiced, also confirmed for Sierra Leone where is it described as “entrenched” across the country (320)) requires the widow to become the wife of a member of the late husband’s family, typically a brother, so it not permitted to stay un-re-married, with likely close contact as a result acting to spread ebola

These are the practices with direct disease risks for widows and therefore their communities that cause widows to be a transmitter or vector, as health workers term it, for spreading key infectious diseases such as ebola. These are in addition to the burial practices which put family members in direct contact with the body of the deceased – both male and female deceased family members. Without professional medical and public health interventions, these practices will turn the ebola epidemic into a large scale humanitarian disaster – a “disaster” is typical defined as an emergency that past the stopping point for widespread mortality to be prevented.

On 17 June 2014, Liberia reported that ebola had reached the capital, Monrovia. By 23 June, because of the slow international response to epidemic, MSF states that the epidemic is “out of control” and makes a public request for large scale, multi-agency assistance – medical staff and money are needed, without staff the outbreak cannot be contained because the countries affected have already limited numbers of personnel and were facing mounting losses among medical personnel because ebola response protocols and equipment was not widely available in-country. The outbreak had become more and more like a war, medical staff were now “soldiers” dying on a frontline against a relentless enemy and the losses needed replacing.

Isolated locations were being more severely affected because of the very, limited number and capacity of medical facilities, the distance and very poor transport links, and very poor general health knowledge of the population, together with the fact that most communities had not

319 http://www.womankind.org.uk/where-we-work/liberia/
experienced ebola before. The International Federation of the Red Cross and Red Crescent (IFRC) reported the following about the loss of health workers in the very isolated far north of Liberia at the town of Foya near both the Sierra Leone and Guinea borders (321):

“When my husband tested positive for the Ebola virus, my children and I were isolated by our community and our neighbours. We were denied access to contact and assistance from our own family and social workers. My children were prohibited from attending school and I found it difficult to support my family during those trying days,” says Musu Dolo (not her real name), who lives in Foya district in Liberia.

Her husband later died from the highly contagious disease. He was one of the health care workers at a hospital which received an Ebola patient from Guinea. He was also the breadwinner for his family of four sons and a daughter. When her husband’s case was confirmed, the entire family was put under surveillance at home for 21 days, the incubation period for Ebola. During this time, the community knew very little about the disease as it was the first time it had surfaced in Liberia. There were a lot of misunderstandings and misperceptions about the outbreak.”

Just after mid-August, around eight months into the emergency, MSF states: "Globally, the response of the international community is almost zero. Leaders in the west are talking about their own safety and doing things like closing airlines – and not helping anyone else,” Doctors Without Borders [Medicins Sans Frontieres-MSF] Operations Director Brice de la Vigne (322). At the end of August 2013, MSF stated: "It is simply unacceptable that, five months after the declaration of this Ebola outbreak, serious discussions are only starting now about international leadership and coordination," Doctors Without Borders Director Of Operations Brice de le Vinge tells [newspaper] USA Today (323).

While the official figures for the death toll and total cases are reported below, recent anecdotal evidence suggest, as the BBC reports 10 February 2015, that there have been many more infections and deaths: “The World Health Organisation (WHO) admits the figures are underestimates, given the difficulty collecting the data. WHO officials this week discovered scores of bodies in a remote diamond-mining area of Sierra Leone, raising fears that the scale of the Ebola outbreak may have been underreported.” In November 2014, the BBC reported that there are serious concerns about the accuracy of the statistics: “the data remains extremely poor. This is particularly pertinent in Liberia - where new cases are supposedly falling - as only 38% of the reported cases are actually laboratory confirmed, compared with 85% in Guinea. There is also


the overhanging spectre of vast numbers of unreported cases - the best guess is there are around twice as many cases out there as have been reported” (324). This means, based on the table of ebola statistics below from 17 February 2015, that there are actually around 50,000 infection cases. As the disease strikes, it makes widows only temporarily of women, as these widows also succumb to the virus that consumed their husbands and other family members.

Making a very rough estimate of the number of widows involved in the emergency suggests that around 10-15% of the ebola patients are widows, or 5,000 to 7,500 if we assume around ten people per family (325). If family size is too large, then the percentage of widows is an underestimate. The good news, by early November 2014, was that the epidemic had likely started to level off, having left the exponential growth phase, the cases were now holding steady at 1,000 new cases a week. The other three West African countries that had experience travel related ebola cases, Mali, Nigeria and Senegal, were by the end of 2014, free of ebola.

325 Loomba Foundation estimate.
Countries with Widespread Transmission (326):

Cases as of 17 February 2015

<table>
<thead>
<tr>
<th>Country</th>
<th>Total Cases (Suspected, Probable, and Confirmed)</th>
<th>Laboratory-Confirmed Cases</th>
<th>Total Deaths</th>
</tr>
</thead>
<tbody>
<tr>
<td>Guinea</td>
<td>3,108</td>
<td>2,727</td>
<td>2,057</td>
</tr>
<tr>
<td>Liberia</td>
<td>9,007</td>
<td>3,149</td>
<td>3,900</td>
</tr>
<tr>
<td>Sierra Leone</td>
<td>11,103</td>
<td>8,212</td>
<td>3,408</td>
</tr>
<tr>
<td>Total</td>
<td>23,218</td>
<td>14,088</td>
<td>9,365</td>
</tr>
</tbody>
</table>

Emergency response for widows in the ebola emergency: Red Cross, Liberia (327):

“Because the family had direct contact with an infected person, they were on a priority list for a visit from a psychosocial support counsellor with the Liberia National Red Cross Society. During the first visit, the Red Cross team provided the family with a survival kit which included food and non-food items, as well as psychological first aid to help them cope with being ostracized from the community.

“It was indeed a very difficult period for Musu Dolo and her children who were mourning the loss of their husband and father, and facing the future with uncertainty. She told us that sometimes


people at the shops refused to accept her money for fear of contracting Ebola,” explains one of the trained Red Cross volunteers.

The National Society has deployed 345 trained volunteers to communities at-risk of Ebola, providing them with factual information about the disease and how they can protect themselves. Volunteers also focus on enhancing community knowledge in prevention and hygiene promotion in order to contribute to stopping the social stigmatization of people like Musu Dolo who are directly affected by Ebola.

After several visits by the Red Cross psychosocial support team, the family was gradually becoming open to more interactive sessions. “My sleeping has improved and I am now thinking of how to organize a fitting memorial service for my late husband,” says Musu Dolo. Since then, she has been reintegrated into the community and – with community support – was able to hold that memorial service which was also attended by Red Cross volunteers.

Musu Dolo’s experience is one of many cases in an environment where cases of denial and the challenges of traditional beliefs and customs continue to impede the fight against the epidemic. Government authorities have solicited more support from the Liberia National Red Cross Society to scale up awareness across the country.”

6: Widows’ Deprivation in Developed Countries

Widows’ deprivation in developed countries has been widely overlooked in terms of research and awareness. In part this is probably due to the divide between the west and the third world, with comparisons always reducing the significance of the western findings. However, many of the deprivations suffered by widows in Africa and Asia are also shared by their western counterparts – although less of them are suffered to the same degree.

Poverty, sexual, health care exclusion, social exclusion, the stigma of widowhood exist as in the areas of the developing world covered in the preceding sections. Not dissimilarly either, it is at most times below the radar of developed country governments and even the media.

Where the developed countries differ as a group from most developing countries is in the lack of socially sanctioned widow-specific social norms that act as the main driver of widows’ material deprivation. Rather, it tends to be the tangibles of life that are affected by widows position as a social group in developed countries; there is therefore no serious link between stigma and material deprivation.

6.1: Incomplete Welfare States – Lack of Free Health Care and Pensions

What research attention there is of widows’ deprivation that exists in the developed countries appears to be concentrated on the older, especially the elderly age groups of women, with the focus significantly on the psychological aspects of bereavement in widowhood. A recent piece of
academic research on widowhood in the UK reveals this tendency (328). Otherwise, the focus tends to be on pensions shortfalls, and not without reason: in 2005, it was reported that “around two-thirds of Britain’s poorest pensioners are female” (329). Help the Aged, a well-known UK NGO working for older people, stated “The existing contributory pension system is unfair because it penalises women who take time out from their careers to care for family or who work part-time, reducing their overall pension pot in retirement” (330). Deaths of elderly UK widows from lack of winter heating because of inability to pay for fuel due to poverty have been documented. Whether young or old, widows and women who have lost their partners from low-skill, low income backgrounds in several developed countries are still at risk of significant changes for the worse in their standard of living through loss of their husbands’ or partners’ income. The areas of severe deprivation are in housing and health care.

The United States is of particular interest to any study of widows’ deprivation in developed countries due to its higher than average incidence of a range of deprivations, from infant mortality to functional illiteracy to mass lack of access to health care (331). However, because there is limited research on widows living in poverty in the USA beyond a focus on older women as widows, it is necessary to infer, from general accounts of younger women from low-income, low-skill, low-education backgrounds, the outcomes for widows with similar histories. The research on older widows indicates that there is a poverty problem among this group:

“For the past 30 or more years, the poverty rate for elderly widows has persistently been three to four times higher than that for elderly married women. Although policy makers have repeatedly expressed concern about these high rates, successful policy prescriptions have yet to be adopted” (332). In particular it was noted, with respect to the United States, that poverty of elderly widows is linked to “the potential for couples to spend substantial portions of their resources on the health care of a sick or dying spouse, leaving the surviving spouse in a precarious financial situation” (333). This is in no small part due to the severe limitations of the health care system, not in terms of quality of care, but in terms of who can obtain health insurance to avoid otherwise catastrophic medical costs. Women dependent on their husbands’ employer provided health insurance risk losing this access to health care on the death of their husbands (334). Around 47 million US citizens are said to be without medical insurance – a state system accessible to all does not exists, therefore catastrophic medical expenses or death and disability are inevitable. Even when individuals have medical insurance, it often does not cover the required treatment, or the insurance companies attempt to narrowly interpret the terms of the policy in order to avoid having to pay for treatment. The well-known case of President Barack Obama’s

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328 The recent volume is Chambers (2005). See also Bennett (1997) for UK widows psychiatric study.
329 Osborne (2005).
334 Weir and Willis (2002).
mother’s having to negotiate her cancer treatment with her insurance company is a case in point. Research takes note of catastrophic medical expenses in the US as a significant social problem (335). This is due to the lack of free or substantially subsidised health care, and the need often, for those who have health insurance, to pay first and be reimbursed later by the insurance company. This is in spite of the US’s “...greater proportion of national income spent on health care, the United States manifests poorer health than many other developed nations” (336). Catastrophic medical expenses are a standard feature of developing country widows’ experience: they accrue in the time up to the death of their husbands as a result of attempts to reverse illness. Remote Area Medical, a health NGO based in the United States, originally set up for international work in developing countries, now provides a field hospital programme that moves across the United States providing free medical care for a few days in each location to those with no access to health care. Again, the similarity with developing countries is astounding. Government provided health care that exists for those in poverty is not set down in uniform standards for the entire country; instead, the individual fifty states are allowed to set up the programme as they wish, resulting in varying coverage from state to state. The system does not have its own medical staff, rather and medical service providers’ cost recovering is capped irrespective of true health needs, the Medicaid, as it is called, creating an incentive against medical service providers coming forward to participate in the programme (337).

Health care looms large as a core determinant of human development and so is an ongoing cause of concern for people in poorer countries, or those, such as in Russia, which has experienced a sharp fall in government health expenditure and elimination of at least some free services. Worse still, ambulances in at least one part of Russia will not respond to calls from the elderly.

A 2002 World Bank poverty study found that Bosnians considered lack of health care insurance as a key characteristic of poverty. It is instructive therefore, in the assessment of widows“ well-being in the United States, that its healthcare system draws parallels with recovering post-war countries such as Bosnia. US researchers point out that “health care ranked first among the issues Americans believe the government should address, and third among the most critical issues facing the country today” (338). One commented that “it is impossible to estimate how many women turn to welfare simply because they have no health insurance for their children. Generally no records are kept that would provide that kind of information, although one study estimated that the welfare caseload would drop by 16 percent if all working women had health coverage” (339). The parallels with developing countries are clear in these examples.

335 Weir and Willis (2002).
338 For Bosnia, Narayan et al (2002: 8); for US health care coverage issues and public opinion surveys reporting health as a major concern, see Mullahy et al (2000).
6.2: Poverty and Deprived Social Groups – Ethnic Minorities and Low Skilled Workers

Combine the existence of incomplete welfare states with other categories of risk for falling into poverty, such as being an ethnic minority, or a low skilled worker, and the following outcomes follow for developed countries. Striking are the parallels with developing countries.

A high poverty rate for US widows has also been observed in a number of other studies (340). Drawing a parallel again with some developing countries, there is evidence of trends, although at smaller orders of magnitude, of widowed grandmothers taking on the primary care role for children after parents have died of HIV/AIDS (341).

One significant group of widows known to be at risk of deep poverty in the United States are African Americans: “The effects of race, class, and gender proscriptions have placed the black [American] female in one of the most vulnerable positions in American society, black [American] women are more likely to be overrepresented at the bottom of the economic and social hierarchy. While married, these effects are somewhat mitigated by the emotional and economic supports of the spouse. However, the death or loss of a spouse may be among the most devastating events for a black woman. For, in many instances, the husband provided a major source of economic support” (342). Poverty data for 2005 (343), using the official US government poverty line, showed that of the total number of people below the poverty line, 24.9 were African American, and female headed households represented 28.7 percent. White Americans made 8 percent of the total.

The development economist Amartya Sen again singles out the particular plight of African Americans in the US:

“...[with respect to income] African Americans are decidedly poorer than American whites. This is very often seen as an example of relative deprivation of African Americans within the nation, but not compared with poorer people in the rest of the world. Indeed, in comparison with the population of third world countries, African Americans may well be a great many times richer in terms of income, even after taking note of price differences. Seen this way, the deprivation of the American blacks seems to pale to insignificance in the international perspective.

“But is income the right space [metric] in which to make such comparisons? What about the basic capability to live to a mature age, without succumbing to premature mortality? In terms of that criterion the African American men fall well behind the immensely poorer men of China, or the Indian state of Kerala, and also of Sri Lanka, Costa Rica, Jamaica and many other poor economies. [American] black women too fall not only behind white women in the United States but also behind Indian women in Kerala, and come very close to falling behind Chinese women as well.

342 Both quotes from McDonald (1987: 141).
American black men continue to lose ground vis-à-vis the Chinese and Indians over the years – well past the younger ages when death from violence is common” (344).

Two US poverty specialists recount the key facts for the United States, which has consistently shown the worst performance among developed countries on a broad range of human development indicators:

“Two out of three impoverished adults in the United States are women, a consequence of the prevailing institutional sexism in society. With few exceptions, US society provides poor job and earnings opportunities for women. 28.7 percent of female-headed families with no husband present were below the poverty line in 2005, compared to 5.1 percent of married couples living in poverty. Women with children with no husband present, on average, were in 2005, $8,610 below the poverty threshold. In short, the highest risk of poverty results from being a woman and having children....” (345).

American women on low-incomes with dependent children often find it is better to accept government income support, in anticipation of children’s health needs, because income support includes free state paid health care for children. On top of the problem of health care, childcare, essential if they are to go to work, is also not universal or affordable for these women (346).

Because the available US government welfare state benefits do not cover family living costs for one adult with children, the adult, typically a woman, must attempt to make up the shortfall by any means available; but this strategy can be unachievable, resulting in a resort to a more extreme alternative as recounted by one poor female family head from Chicago who has fallen into the poverty trap:

“They ought to build [create] jobs, build houses or buildings where people can live. You got three of four families staying together because they can’t find nowhere to stay or they can’t afford where this rent is at. So everybody that can, they huddle up together. Then you have to fix it, and give an address somewhere else in order to get your cheque [state support]. They don’t understand that the rent is so high that the only thing you can do is live with somebody. “[Interviewee assumes the tone of a government official making accusation of fraudulent benefit claims]: Well all you all living in the same house together, you all just trying to get all the money you can.” They don’t realise how things is” (347).

“US writer Barabara Ehrenreich spent months living in the low-wage economy of America, to see how difficult it was to survive. She worked waitressing, in a care home, marketing and cleaning. At times, she had to take two jobs to make ends meet. Finding affordable accommodation is an heroic undertaking, even trailers and rented rooms proving beyond the means of the low paid.

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344 Eitzen and Eitzen-Smith (2009: 121).
Having paid rent, essential energy can eat up a quarter to a half of the dollar that remains after the purchase of the minimum food basket:

“Following labyrinthine inquiries, she learns that food vouchers are available for the working poor.” My dinner choices...are limited to any two of the following: one box spaghetti noodles, one jar spaghetti sauce, one can of vegetables, once can of baked beans, one pound of hamburger [raw minced beef], a box of Hamburger Helper [seasoning mix], or a box of Tuna Helper. No fresh fruit or vegetables, no chicken or cheese, and oddly, no tuna to help out with. For breakfast I can have cereal and milk or juice... Bottom line: $7.02 worth of food acquired in 70 minutes of calling and driving, minus $2.80 for the phone calls” (348).

Poverty also remains an issue in the UK, with children among the worst affected. In 2003, Save the Children UK published an in depth report on child poverty in UK, that prod the following results (349):

“...eight percent of British children – approximately one million children – were severely poor and 37 percent non-severely poor. Children were defined as being in severe poverty if they were poor on three measures:

“1: the child’s own deprivation – the child going without one or more “necessities” because they could not be afforded;

“2: the deprivation of the parents – parents going without two or more „necessities“ because they couldn’t be afforded;

“3: the income poverty of their household – the household having an income of below 40 percent of median income.”

Child poverty is the result of adult poverty: for example, single parents on low income in the United Kingdom often face long term poverty due to the persistent inability of the state to provide free child care; they are forced to work part-time or not at all. Single parents who are widows clearly fall into the low-income single parent category. While some British politicians are fond of talking about ending dependence on welfare state benefits and all that they see this implies for society, these same politicians appear either misinformed, or disingenuous, given that the lack of free, or heavily subsidized child care, is the Achilles heal of the British welfare state with respect to moving low skilled people into employment. In 2001, it was observed that: “provision of publically funded child care in the UK remains derisory, only two percent of children up to age three, and one of the lowest rates in Europe” (350).

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349 Save the Children UK (2003).
350 Hearn (2001: 92). Lack of child care was a key issue in family poverty found in the global study by Heymann (2006) covering developed and developing countries.
The situation for impoverished widows and their children also remains bleak in both Eastern Europe and Central Asia where a review (351) of a series of World Bank poverty assessments from the 1990s indicates that female-headed households have a greater probability of being in poverty than other household types (composition of households was shown to make a difference).

Russia is a key case in point. The scaling back of state provision has been especially severely felt in rural areas. Migration to cities that started after the end of the Soviet Union in 1991 have left rural local government with very few resources, resulting in systematic closing of local government offices and welfare state provision. The remaining inhabitants are mainly elderly and are predominantly widows, living in villages and former farmland. This is in part due to widespread male alcoholism, which increased male mortality. Its effects have been serious, to the extent that it can roughly be said that alcoholism is to segments of Russian society what HIV/AIDS is to whole Sub-Saharan African countries. A Russian woman is making a significant statement when she says, “I am lucky my husband does not drink” (352).

A recent account of the now dire conditions of rural Russian government services, and the isolated elderly widows who once depended on them, was given in a 2008 report by The Guardian newspaper (353). It helps to confirm the contours of an ongoing process of poverty that can be traced through a series of studies. One of the latest clearly shows a widespread decrease in the real level of public health spending in Russia over the period 1994-2000 (354). This is corroborated by the more recent evidence: “according to the results of the INTAS funded project, Health, Health Policy and Poverty in Russia, “the poorest strata of the population showing the lowest levels of health find it hardest to obtain a access to good quality health care, since free medical services are being gradually phased out”” (355).

Among the advanced OECD countries, current and future widows from low income, low skills backgrounds have been put at greater risk of poverty through progressive deterioration of the high pay, low skills manufacturing sector. A 1991 study noted that middle of lower income US household were getting poorer in real terms: “Families have come increasing to rely on the dual income of husband and wife to meet ongoing expenses in light of erosion of the family wage. Since the wife’s earnings were once thought of as “extra money”, such reliance may reduce both the effect of married women’s earnings on family savings for retirement and their replacement potential when a marriage ends through death [hence, in widowhood] or divorce” (356).

This decline has been extensively documented by such aptly named research as When Work Disappears: The World of the New Urban Poor and “The Collapse in Demand for the Unskilled and Unemployment Across the OECD” (357) among others. By 1990, widows entering older age groups were characterised as having limited previous employment experience (358). In many cases this places them in competition, should they need to take up paid employment, with younger groups of low skilled worker. In addition, these widows will not have been able to amass private sector pensions of their own. At present this situation may be becoming worse as the Baby-Boom generation ages, particularly in the context of increasing life expectancy. A form of discrimination against widows in the US has been indirectly specified by a US economist who suggests that because women live longer, employers have to pay pensions for longer than they do to men. As a result they reduce wages during women’s working years (359).

Low-skilled but well-paid manufacturing work in the USA allowed large numbers of men and women with minimal levels of education to quickly rise to relative affluence after the end of the Second World War. Other western countries followed, and the period until 1970 has been referred to as “the golden era” in western economic history. The period that followed was one of steady decline in manufacturing industry in the west in the face of competition from Japan and what have become known as the Asian Tigers, a group of East Asian countries that invested aggressively in human and physical capital and research and development.

The entry of China in the last 15 to 20 years into the same arena has added a very challenging source of manufacturing competition for developed countries. As a result, in the USA, poor business planning and the wrong incentives from poorly designed economic policy manufacturing capacity has transferred to low cost countries, most recently China. This economic trend, together with declining quality of state education and a lack of universal health care coverage in particular, have led to increasing poverty for the low-skilled and those from low-income backgrounds. The implications for widows and women who have lost partners are clear.

Research has noted that discrimination still affects women’s economic possibilities through developed country labour markets. A study on family and employment in the OECD – the Organisation for Economic Cooperation and Development countries, a group of high income countries – notes: “the persistence of powerful gender norms in relation to care work means that women have different kinds of external constraints, and therefore a lack of equity, in comparison to men” (360). This forms another parallel with developing countries. Similarly, another study observes that, “the structural causes of female poverty are to be found in the interaction of economic disadvantages and risk factors in domestic circumstances, labour markets and welfare

systems” (361). The outcome of this process is straightforward, and it can be reasonably assumed that any widow will feel the effects on her living standards and those her children.

Then there is the economic impact of caring for dependent children. While referring to the United States, the observation by leading American economists in gender economics, Nancy Folbre and M. V. Lee Badgett, can be applied widely: “No matter who performs it, caring labour is expensive. A parent who devotes time and energy to “family-specific” activities typically experiences a significant reduction in lifetime earnings. The human capital that housewives and/or househusbands acquire is less transportable than that of a partner who specializes in market work, leaving them in a weaker bargaining position in the family and economically vulnerable to separation or divorce [to this add, or being widowed]” (362).

Meanwhile US research has conclusively shown that older widows who have had a break in employment, or have seen little employment over their lives, or come from low skilled backgrounds in continuous employment end up in poverty in old age: “those poor beyond age sixty-five remain disproportionately female, with an overrepresentation of widows” (363). And, “of all the factors associated with poverty in old age, the most critical is to be a woman without a husband....those most likely to be widowed have lower incomes than intact couples even before they lose their husbands. Their lower incomes reflect less education in the part of both husband and wife and poorer health on the part of the husband than couples that remain intact” (364).

With similar effects, but different causes, the gains in living standards in Eastern Europe, Central Asia and Russia prior to 1989 were seriously reversed with the collapse of the communist system. Russia faced ten years of crisis under which social policy received no serious consideration, with serious consequences for low-income groups, among them, widows. Older widows living alone are most at risk from this trend, and has been drawing some attention from researchers, for example, “Older women in Europe: East follows west in the feminization of poverty?” (365).

Among the developed countries (OECD, Eastern Europe, Russia and East Asian countries such Japan, Malaysia, Singapore and Taiwan), the distinction with respect to sources of widows’ deprivation is the dividing line between those countries with more comprehensive welfare states and strong pro-women labour market legislation, versus those that do not have this provision, or that have incomplete variations of it. In turn, these differences can be traced to prevailing social norms, and in some cases, the strong vested interests that have grown up because of them and that reinforce them.

The developed countries, following the dividing line of welfare state and legislation, fall into two groups: those with incomplete means testing or very small welfare states and labour market legislation which include Australia, Britain, Canada, New Zealand, the United States, Eastern Europe and Russia. And those with comprehensive systems, the original members of the European Union that made up the European Community, the Scandinavian countries. Comprehensive welfare provision is also provided in the advanced East Asian countries of Japan, Taiwan and South Korea (366).

This distinction is made clear by the following and a clear indication of the distribution of widows’ deprivation emerges: “In a number of respects, British labour market and welfare policies are closer to those of the US than the rest of Europe. For example, a comparative policy analysis of dual-earner family policies and their outcomes consistently ranks Britain, along with the US and Canada, as making the least generous provisions and having the most negative outcomes for families” (367).

In Eastern Europe and Russia, government provision still exists, but it has become inconsistent, having been scaled back, therefore becoming less effective, given that those who rely most heavily on government provision rely on a broad range of different types of provision. Some of the changes were caused by regressive attitudes. In Hungary, state provision for women suffered a reported male-political backlash, with calls for women to return to the home-based role, and childcare provision being withdrawn. Overall therefore, the crucial determinant of whether a widow and her children face poverty, deprivation and destitution is the extent to which reliance must be made on private means of economic support versus the availability of government support.

Based on this, a distinction can be made about the global distribution of widows in poverty suffering multiple deprivations, between on the one hand, countries with effective government welfare states, and on the other, countries which do not. As noted above, some important exceptions among the developed countries exist, such as the USA, where there is no universal free healthcare, and many of the former communist states of Eastern Europe, Russia, and Central Asia, where multiple aspects of state social protection have disappeared since the end of Communism (368). A woman in her thirties from the Kyrgyz Republic in Central Asia exclaims, “….now it is as if the government didn’t exist!” (369).

This global distribution of, and correlation between poverty and the level of government provision is broadly confirmed also for developed as well as developing countries. (Conversely, higher levels of government welfare state provision is associated with a lower level of poverty).

Poverty remains the common denominator in the deprivations faced by widows and their children across the world. Specific examples from developing countries follow in Section 7 below.

7: Threats and Outcomes for Children: Some Examples

7.1 Some Example

What is even more devastating about the destitution often faced by widows is the resultant severe impact on their children. The World Bank report on Indonesian widows quoted earlier above, went on to say, “the link between widows and poverty is well-known. Loss of an adult male is economically devastating to already poor families. Not only are families instantly plunged into poverty, but poverty becomes the fate of future generations, with children being pulled from their schools by mothers unable to pay school fees, and needing them to work for family survival” (370).

This section of the report provides a brief snapshot of widows’ children in the conditions often found in developing countries.

One study of Indian widows of less than 35 years of age found that their children had a mortality rate 20 percent higher than children who still had two parents (371). In Afghanistan, conditions for widows can be so bad that they have been reported to have resorted selling their small children in order to save the remaining ones or abandoning them in orphanages (372). A clear implication is that without some type if systematic intervention, children may not survive to adulthood. Or if they do survive, the poverty forced on them by the conditions forced in turn on their widowed mothers will mean they will not have been able to acquire skills through education, or to obtain adequate nutrition and health care to keep themselves out of extreme deprivation. Even when the widows’ children attend free government schools, there are often additional indirect costs including teachers demanding under-the-table top up fees. Other types of additional hidden and indirect costs – books, often uniforms, stationary, local travel – are enough to make even free government schools unaffordable for low income families. Numerous studies on impacts of these costs on the enrolment and attendance of low income students exist.

Table 7.1: Widows’ Children by Key Child Age Groups, 2015 Global Estimates

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Widows’ Child Numbers</th>
<th>Percent of Total Widows’ Children</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-4</td>
<td>53,114,426</td>
<td>29.5%</td>
</tr>
<tr>
<td>0-17</td>
<td>180,048,902</td>
<td>30.9%</td>
</tr>
<tr>
<td>All Ages (0+)</td>
<td>584,574,358</td>
<td>100%</td>
</tr>
</tbody>
</table>

Table Notes: All Ages refers to children of widows as both children and adult children, and is the global total number of widows’ children based on this definition of widows’ children.

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Child labour is often the only option or in the case of girl children, early marriage. Girls under 16 will often be married early by their widowed mothers in the hope that their daughters’ well-being will improve in a new, more economically stable family.

The core threats to children’s well-being when a mother becomes a widow are: 1) a dramatic fall in family living standards, leading to hunger (poor nutrition, sometimes acute malnutrition) and poor child health, 2) removal from school, 3) entry into paid external employment, or permanent domestic work in their own home, and 4) early or child marriage.

Widows’ children – when their mothers are subjected to the worst forms of abuse such as eviction and resulting destitution and HIV/AIDS infection and other debilitating illnesses as the result of traditional widow “cleansing” practices and resort to prostitution – fall into the group of children known in policy circles as children in especially difficult circumstances (CEDC) (373). This describes children in a range of destitute circumstances, a specific category being street children resulting from widowed mothers’ loss of property and livelihoods.

Forced and bonded child labour are some of the specified defining features of CEDC that may also result. The former is working for no remuneration while being completely controlled by organised criminals or businesses or unscrupulous neighbours who offer child “fostering” to mothers in economic hardship (fostering is common practice in Sub-Saharan Africa). Bonded labour means working to pay a debt under the lender’s control, which can happen as a result of having to pay off loans made for catastrophic medical expenses for ill fathers who eventually died.

A 2004 study on working women on low incomes in Ghana showed women needing to work full-time while being the mothers of small children, particularly infants, caused a noticeable deterioration in children’s health. A researcher observed from Demographic and Health Survey (DHS) (374) data on Ghana that, “not only are people having fewer children, but a significant proportion appear unable to satisfy the basic nutrient needs of their infants. Mother’s escalating work burdens, both domestic and occupational, and decreasing conjugal and kin support and protection, are viewed as implicated in what has been termed a sharper productive/reproductive squeeze…. lack of support and resources in both time and materials affect [mothers’] ability to respond effectively to infant needs” (375). Similarly, in her pioneering comparative international study of families and work, Jody Heymann found that women, including widows, who are on low incomes and live in poverty, cannot protect very young children from multiple risks, leading to injury, illness and death (376).

Removal from school for children as a result of a negative economic event or shock such as the death of a father, is a much-studied area of education policy for human development outcomes,

especially in developing countries. In the latter, even the smallest recurrent costs associated with education can prove too much for low-income families to bear when incomes fall. If there is a choice, girls are almost always removed from school while their brothers remain. This is related, among other things, to the economic and cultural returns on women.

Widows’ children from low-income families, when not forcibly removed by extended family, often have to enter the labour force as child labourers (defined as children under the age of 15 in most cases with respect to ILO conventions) (377), in order to support their mothers and siblings. This is often the case where employment opportunities for most women, and therefore widows, are effectively non-existent, as in Afghanistan and rural Bangladesh, and those that exist, are low paid, for example as in northern India. In these cases, the widows being referred to are from low skilled rural and poor urban households. A significant amount of women found to be working for cash incomes in rural Bangladesh are widows.

Child labour often results in lost education and high risk of harm to physical health through hazardous employment, and additional heightened risks associated with children’s employment such as physical and sexual abuse; and other specialised child risks such as kidnapping by professional begging and prostitution gangs. In unstable conflict situations, children may be kidnapped for sexual slavery, forced marriage, or forced recruitment into battlefield combat units. In 2007, an Afghan widow reported that her 11 year old daughter was kidnapped by prominent local men, a district chief and a war lord, who raped her and then later “exchanged her for a dog” (378).

Widows’ daughters, usually due to their mothers’ lack of employment opportunities as low skilled women and often their inability to protect them from sex industry recruiters, have been found to be at risk of entering prostitution while still girls (379). Child prostitution falls under the ILO category of the Worst Forms of Child Labour. Children are often lured into prostitution or highly exploitative factory work from unsuspecting parents, or are reluctantly given to creditors to work to pay debts (debts often incurred by medical treatment of an illness that the father/husband eventually died from) as bonded labour. Bonded labour has been equated with slavery by many child protection specialists and NGOs. The latter outcome is not uncommon, especially when a mother may have had to borrow from local money lenders to pay for medical care of a father who eventually dies. Among the most dangerous form of child labour, as well as adult labour, is

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377 The ILO’s 2004 estimate of global child labour, all categories, for age group 5-14 years is 165.8 million out of a total global child population for ages 5-14 in 2004 of 1.206 billion; (corresponding child labour percentage of this total child population cohort is 13.7 per cent). Note that an “economically active” child does not always mean a child in child labour: a general formulation definition of child labour is any form of work that is detrimental to the physical and ethical development of the child and that denies them an effective education. This definition is in the spirit of the ILO definition, while the latter employs certain exceptions to the category of “work” with respect to child labour. Above estimates are from The End of Child Labour: Within Reach, International Labour Office, Geneva, 2006, p. 6. Available online.


379 Examples from India, Chen (2000: 332); examples from Kenya, Owen (1996: 142).
domestic cleaning work in developing countries, especially if the job requires full-time living in
with the employing family. Child workers are often sexually abused with the risk of sexually
transmitted diseases; extreme violence and de facto torture are common (380).

A researcher on sex trafficking recounts the aftermath of child prostitution: “the 12 teenage girls
I met in a shelter for rescued victims of sex trafficking in the Katmandu valley in Nepal did not
look or act any different from thousands of teenage girls I have seen in South Asia....Their ages
ranged from 13-15 years. All of them had attended elementary school.

Their appearance of carefree teenage behaviour hid the fact that they were rescued victims of
sex trafficking....All of them has been forced to work as prostitutes in brothels along Falkland Road
of the red light district of Mumbai, India....and all of them had been earlier diagnosed with the
HIV/AIDS virus....With no appropriate medication available to them, they had to know that they
were unlikely to survive their teenage years” (381).

In Sub-Saharan Africa, the core threats to widows' children are the cultural practices of widow
“cleansing” and “inheriting” (describe in section 5.3.4 above), which puts children’s widowed
mothers at high risk of contracting HIV/AIDS or other fatal sexually transmitted diseases, and the
criminal practice of property disinheritance (described in section 5.1.3 above), where the widows
and her children are disowned by the husband’s in-laws and all property is confiscated, leaving
them destitute.

Widows’ testimonies recount these facts: “I cried, remembering my husband. When he [the
“cleanser” was finished [completed sexual intercourse with me], I went outside and washed
myself because I was very afraid. I was so worried I would contract AIDS and die and leave my
children to suffer [as orphans],” (Fanny, widow, Malawi, 2005) (382). UNICEF defines an orphan
as a child who has lost one or both parents, a child being defined as a person of 0-17 years of age.
As of 2010, Sub-Saharan Africa had an estimated 48 million orphans, 12 million of which have
been orphaned by HIV/AIDS, and has almost two-thirds of the total global number of people
infected with HIV/AIDS (383).

Another account states: “shortly after Emily Owino's husband died, her in-laws took all her
possessions-including farm equipment, livestock, household goods, and clothing. They later took
over her farmland. She sought help from the local elder and chief, who did nothing. Her in-laws
forced her out of her home, and she and her children were homeless until someone offered her

380 The author, while a researcher on child labour with Global March Against Child Labour, New Delhi, in 2003,
witnessed bringing in of a young domestic worker
381 Samarasinghe (2008: 1).
382 La Franiere (2005).
a small, leaky shack. No longer able to afford school fees, her children dropped out of school.” (Human Rights Watch interview with Emily Owino, Siaya, Kenya, November 2, 2002) (384).

Widows from low-income backgrounds or with few financial assets often see marrying their girl children as soon as possible as a way to ensure their daughters’ economic and physical security. One researcher recounts: “child marriage is a very common reality... Child marriage is common in parts of [the Indian states of] Rajasthan, Madhya Pradesh and Uttar Pradesh. Laws against it are not enforced, and it pervasively shapes the trajectory of a girl’s life. In Rajasthan, for example, girls I visited with the organisation Vishaka were already married by the age of eight or nine” (385).

The fate of widows’ children mirrors that suffered by their impoverished mothers. No better account of the horrors many children of widows face can be found than from 11 and 15 year old daughters of a West Bengal widow in the city of Mumbai, India:

“First thing when we wake up, we wrap up all our bedding and hide it in a tree. It’s a 10 minute walk from the bridge where we sleep, over the railway tracks near Mahim station. Then I take my sister Deepa to the toilets near the station. We wash our faces, brush out teeth and then go to Uncle’s tea stall at Platform one. After that we go to Bandra for breakfast, and then start work.

“We go to the shelter outside Dadar station, take our goods from the locker and go into the local trains to sell them. I sell trinkets, clips, cookery and henna pattern books in the trains. Before we had the locker we used to keep all our stuff under our heads and sleep. Even when you sleep, you have to be alert. If you are deep in sleep, not only will someone take your goods, they can take you. It happened to one girl I know. A gang of boys picked her up and took her to Dadar Tilak bridge and did bad things to her. She had to have stitches. The boys were taken to the police station. She cried for many days. Everyone said to her: “You are disgraced!” She thought: “Whatever I do I am shamed, so why should I live like this? That’s why she chose to go into wrong work as a prostitute...

“If the police catch us when we are selling we have to pay Rs. 500 [rupees Indian currency]. Once a police officer caught us and asked me to pay him regularly. I told him: “What money? I am poor. I don’t have money to eat, from where will I pay your bribe?”

“We bathe and wash our clothes in Bandra. They charge Rs. 20. we wait there an hour or two until they dry. Deepa climbs up to hide our clothes on the roof of the station: I’m too scared to do it. I don’t let Deepa work. If I have to travel for as catering job, I leave her with some people we know in Santa Cruz and give them some money to look after her. Last week my sister Deepa got lost. I went to Vashi [a suburb] for catering work. I told her: “Go and get some clothes, I have to go for five days, and then meet me at the park.” While she was waiting for me in the garden,

she’d started talking to a woman. The woman told her: “Come with me. I will look after you.” That lady took her on a crowded train so she couldn’t escape and went directly to Malad [a distant suburb]. Then she hit her a lot and put her in wrong work. But after some days, Deepa ran away… “[Deepa] was very small when our mother died. I cried so much and was so upset that I fell ill. Deepa looked after me. She was the only one…

“Even I was taken into wrong work. One day I told Deepa: “You sell the stuff. I am going out to watch a film.” My friend took me to a place in Bombay Central. There she took some money from a man and told me: Go into my room.” She took off my dupatta. I asked her what she was doing. She said: “Take off your dupatta and go to sleep.” How could I if that man was there? I put my dupatta on, kicked the man in his pants and ran out.

“Our village is in West Bengal. My two brothers live in the village. Both are married. My younger brother loves me a lot. But how can I live with them? He has five children and no house. When my father was ill, he asked his brother – my uncle – to leave all his land in his children’s names. You know what my uncle did? He put it all in his name. My father died and my uncle removed us from our house. He is the one who threw us into problems. He brought us to Kings Circle in Mumbai, made us work and didn’t give us anything to eat. We almost died of starvation.

“When we lived in Kings Circle our two brothers were with us. No one would give my brothers work, and my mother was very weak. She was very hungry, very hungry. I used to go out begging to look after her. One day my mother started beating me a lot. She said: “You shouldn’t beg. It’s not good.” So I told her: “Mummy, I don’t like it if you are hungry.” My mother was angry. I was small: nine or ten years old….

“Then my mother fell ill. My mother died two years back when I was 13. When she died, my brother threw me out of the house. He told me: “Go to the boy with whom your marriage has been arranged.” My mother had fixed my marriage. She told his family: “Wait for two years until my daughter becomes big and then we will have the wedding.” In our community we get married very young. I went to Surat [a city in Gujarat state] to look for him…..”

After returning to Mumbai and being forced into prostitution, and forced into marriage with a stranger by the female brothel owner, she escaped back to the streets. “I don’t want to marry again now, but later. Once I become someone and show the world, then I will get married. Now I am still a child. Marriage is no small matter.

“God knows what these Mumbai boys are like. They’ll take you on the excuse of going back to the village and instead kill you somewhere. My husband [from the forced marriage] said he would be back in three days. And he never came back. It’s been on a half years and he hasn’t come back. So here I am in Mumbai. We all sleep together – four or five of us single girls on the bridge at
Mahim. It’s difficult for girls to live alone on the street. There are people so horrible they won’t even leave a one-year-old girl alone” (386).

7.2: Wider Implications of Widows’ Deprivation: Girl-children

This report concludes with a view on the wider impact of the deprivation and human rights abuses faced by women as widows from a well-known researcher and activist in international development. He speaks from the perspective of his particular expertise on India (387):

“The neglect of widows in India causes a great deal of misery, not only for widows themselves but also for the society as a whole. The need for action arises not only from concern for the well-being of widows, but also from the close links that exist between widowhood and a whole range of other social problems...

“To start with, the prospect of widowhood reduces the quality of life of most Indian women (notably by introducing a large element of insecurity in their lives), even if only some of them are actually widowed at any particular point in a time. Indeed, the average married woman in India faces an extremely high risk of becoming a widow at some stage of her life.

“Relatedly, there is an important connection between widowhood and the burden of high fertility. Avoiding insecurity in old age is a major motive for high fertility, and there is also a clear association between widowhood and old age insecurity (a large majority of women above 60 are widows).

“A long the same line of reasoning, there may also be a close connection between widowhood and the neglect of female children. Studies of parental attitudes in rural India suggest that the anxiety to have at least one surviving son (to avoid old age insecurity) is much higher among women than among men. They also bring out how women often “collaborate” in the preferential treatment of sons vis-à-vis daughters. It would be surprising if these two findings were entirely unrelated (388).

“Further, there is a clear link between widowhood and child labour. The absence of an adult male in a household, and the limited prospects for remunerative female employment, often compel a widowed mother to allow, encourage or even force her children to undertake wage labour in spite of miserable conditions of work and pay.

“Finally, it is important to place the issue of widowhood in the context of the women’s movement in India. A whole range of patriarchal institutions contribute to the deprivation of widows, including patrilineal inheritance, patrilocal residence and the sexual division of labour (amongst others). This is one way in which the sufferings of widows are connected with other forms of female oppression, from seclusion to rape (and including, of course, sati itself). Combating the

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neglect of widows must be seen as an integral part of the broader struggle against gender inequalities.”

8: Key Issues Facing Widows and Their Children – Summary

8.1: Twelve Key Issues

The following outcomes of becoming a widow are present to differing degrees and combinations in a range of societies around the world, while some are region- or country- specific (389).

Property theft and denial of inheritance: widows are often forcibly evicted from their homes and extended families by those same family members after the husbands’ death, often in what is in effect property theft, in terms of land and building inheritance (assuming the formal and/or customary law allows them to inherit), down even to mundane items such as pots and pans and bedding, the widows are left destitute as homeless “street people”, this happens across Sub-Saharan Africa and South Asia; eviction results from lack of inheritance rights in law as happens widely across Sub-Saharan Africa, and lack of enforcement when inheritance rights do exist in law – both are especially the case across large parts of Sub-Saharan Africa, South Asia, and the Middle East; women’s fear of invoking inheritance rights when they do exist because it puts them into conflict with family members, this has been widely documented across South Asia and the Middle East; it happens when customary practice of incorporating the widow into the husband’s family is violated by the husband’s family and eviction can also happen due to widows refusing to go through the cleansing ritual, both are chief characteristics of Sub-Saharan African widows’ experience; widows effectively suffer property theft when their husbands deliberately instigate allocating property to male relatives before the husbands’ own deaths, this has been documented in the Middle East. Broadly, eviction has been documented in North Africa, widely in Sub-Saharan Africa, parts of East Asia, and appears common across South Asia.

2) Superstition and/or cruel beliefs: due to high levels of superstition in many segments of society in many developing countries, widows are erroneously accused by mothers in law and others of having caused the deaths of their husbands, and as a result are subjected to psychological and physical abuse as well as eviction as mentioned in the previous point above; accusation of causing

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husbands’ deaths has been documented across Sub-Saharan Africa and India and Nepal in South Asia.

3) Discrimination against women: with particular relevance to widows, deprivation is socially institutionalized when women, regardless of marital status, on those occasions when they can find paid employment, are forced to accept lower wages than men, issues such as illiteracy exacerbating this inequality; this is a global phenomenon; women as widows are also often not permitted to take over rural livelihoods such as farming due to the highly gendered nature of farm work and agricultural supply chains, this has been documented for Latin America, parts of East Africa, and parts of East Asia.

4) Right to family denied: under international law, countries are required to “facilitate the family”, however, widows’ children are sometimes forcibly removed from the widow on the death of the husband; widows’ eviction, cited in point (1) above, is also part of denial of right to family; loss of children by widows has been documented in Sub-Saharan Africa, South Asia, the Middle East and North Africa.

5) Child labour: widows’ children from low income families, when not forcibly removed by extended family, often have to enter the labour force as child labourers (defined as children under the age of 15 in most cases and as hazardous work only for ages 15-17 in the International Labour Organisation’s (ILO) international child labour conventions) (390), in order to support their mother and siblings, resulting in lost education and high risk of harm to physical health through hazardous employment, and additional heightened risks associated with children’s employment such as physical and sexual abuse; children of widows working as child labour is ubiquitous across all developing countries.

6) Widows’ re-marriage: in some cases it is difficult or impossible for widows to remarry, or they may be able to remarry but under unfavourable circumstances, such as for example, when child and very young adult widows can only find older men to marry, sometimes with older wives still in the household; in some cases widows are encouraged or forced not to remarry when they have children in order that the children remain in the deceased husbands’ family, this is documented for many parts of Sub-Saharan Africa, South Asia, the Middle East and North Africa; in other cases widows are forcibly remarried to a dead husband’s brother (a traditional customary practice), often irrespective of HIV/AIDS having been the cause of death of the husband, or with concern to the HIV/AIDS status of the husband’s brother, Hepatitis B and C are another common disease

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390 The ILO’s 2004 estimate of global child labour, all categories, for age group 5-14 years is 165.8 million out of a total global child population for ages 5-14 in 2004 of 1.206 billion; (corresponding child labour percentage of this total child population cohort is 13.7 percent). Note that an “economically active” child does not always mean a child in child labour: a general and that denies them an effective education. This definition is in the spirit of the ILO definition, while the latter employs certain exceptions to the category of “work” with respect to child labour. Above estimates are from The End of Child Labour: Within Reach, International Labour Office, Geneva, 2006, p. 6. Available online.
category in developing countries, 350 million people are infected with Hepatitis B worldwide which is one-hundred times more infectious than HIV; for purely cultural reasons, it has been documented that widows in some Hindu social strata in India and Nepal are banded from remarrying as a social norm, which has no standing in law.

7) Widowhood customs: widows suffer psychological and physical abuse through traditional death ritual that wives must perform when they become widows known as cleansing that requires sexual intercourse with another man for supernatural reasons, this has been widely documented across Sub-Saharan Africa; and rules that can include extended periods of seclusion from normal life that often interferes with paid employment, documented for Sub-Saharan Africa, South Asia, and in principle is part of all Muslim communities; social exclusion due to superstition that regards widows as “bad omens”, together with having to dress in specific ways, as well as often being barred from remarrying, or not being desired by men for marriage, due to widow remarriage being socially unacceptable, for the preceding reasons, has been documented for some Hindu social strata across India and Nepal.

8) Child marriage: child marriage puts girls at a particular disadvantage from many of the above mentioned issues, with the addition of the reported risk of being used as a sex slave by currently married older men whose older wives are no longer sexually desired by them, with the concomitant factor that the older man’s children and first wife may retaliate against the effectively captive girl-wife; in addition, child marriage has been used as a cover for, and has resulting in encouraging, human trafficking; this has been documented across Sub-Saharan Africa, South Asia, and the Middle East and North Africa.

9) Neglect and Poverty: in northern areas of South Asia, widowed women in their forties and fifties have significantly higher mortality than married women in the same age group; winter deaths due to lack of heating as a result of poverty have been documented for elderly widows in the United Kingdom.

10) Limited or lack of social protection (welfare state): in some developed countries the loss of a husband can mean a substantial risk to the continued maintaining of physical health through the loss of occupational/employer health insurance associated with the husbands’ employment, as well as the associated loss of income, including pension size reductions; in other countries where social protection does not exist, loss of a husband’s income often leads to extreme poverty and destitution, and the avoidance of this through high fertility (sufficient surviving children, especially male children, to provide care in old age or when ill health strikes) puts women at heightened risk of maternal morbidity and mortality from dysfunctional health systems or near total lack of health care systems.

11) Disease and public health: due to the traditional customary practices of widow cleansing and widow inheritance, widows are often forcibly remarried to a husband’s brother, often irrespective of HIV/AIDS having been the cause of death of the husband and hence making it likely that the wife is also infected, or with concern to the HIV/AIDS status of the husband’s
brother in the case where the widow is not infected; prior to inheritance, the inheritor of the widow is required in some cultures to perform the cleansing ritual which comprises of sexual intercourse with the widow, in both cases, these practices have been directly linked to the facilitating the HIV epidemic in Sub-Saharan Africa. HIV is not the only concern: Hepatitis B and C are another very common disease category in developing countries (350 million people are infected with Hepatitis B) that receives less attention but can be contracted through sexual activity, Hepatitis is many times more infectious than HIV; Syphilis and Gonorrhea are two other key sexually transmitted diseases that are of also, due to the high HIV/AIDS infection rates in many African countries, stigma with respect to fear of HIV/AIDS has developed that now is applied to all widows.

12) Girl-child deprivation (391): an unintended and overlooked consequence of the deprivation faced by widows in developing countries, is the neglect faced by females as girls when family resources are scarce and/or when there is a lack of welfare state provision, and women have face extensive discrimination or an effective ban on female labour market participation; these economic and social conditions result in families focusing resources on male children and adults to ensure family survival; adult women as mothers are incentivised by these conditions, especially because of the lack of effective pensions provision, to ensure boy-children survive by receiving health care, which must be paid for out-of-pocket, when ill and are educated to maximise income earnings potential in order to ensure that these women, when they become widows, have someone to care in their old age, in the form of daughter in laws and grandchildren and sons’ income. The risks of widowhood are therefore in part responsible for the phenomenon of “son preference” in many societies around the world (392).

9: How the World Can Help

9.1: Effective Advocacy

This section covers practical programme interventions, policy recommendations, advocacy options, it includes recommendations for the design of the Post-2015 Millennium Development Goals (MDGs) work framework. At the end of this section there is an Appendix on the MDGs and Gender Based Violence (GBV).

The deprivation faced by widows and their children is a human rights issue of such magnitude that it demands recognition and action by international bodies and special consideration in development programmes.

Now that the extent of the scale and wider influence of widows deprivation has been systematically demonstrated above, this report concludes by exploring the actions and policies required to address the problem. The first step to the final outcome – widows and their children

391 See the final section of this report for a brief introduction to the issue. The issue of son preference and its causes and consequences is briefly covered in Plan International (2009: 56) 2009 Because I am a Girl global report.

392 Elisabeth Croll (2000) has extensively research the issue of son preference, and found it to be significant in terms of its impacts across many key countries in East Asia and most of South Asia.
being able to live normal lives — is high level recognition by the United Nations of the need for action. This will give advocacy in support of widows the impetus and legitimacy it requires in countries where widows face unintended marginalisation, and especially in those societies where widows face discrimination or outright persecution.

Few attempts at the international level have been made to address the widows’ issue. Most efforts have been by individual NGOs and activists in individual countries, and their efforts have allowed a base from which more concerted action is now possible. These have been made by a handful of NGOs — among them Help Age International, The Loomba Trust and Widows’ Rights International, Widows for Peace and Democracy — and the intermittent actions by key UN agencies like UNIFEM, the Division for the Advancement of Women, and an equally small number of researchers, policy specialists, academics and journalists (393). The widows issue has often appeared where it overlaps with other more visible issues. A case in point is the issue of widows’ access to agricultural land through land rights in inheritance which has appeared in the work of the Food Agricultural Organisation (FAO) when gender-focused solutions have been analysed. In the developed world, widows appear indirectly through concerns on geriatric health care and pension resources requirements with respect to aging populations.

However these efforts have not yet proved enough to make policy makers see the wider picture, specifically, the systemic features of widows deprivation, and their negative impacts, and hence cause-effect reasons for action. It appears it has not been enough to solidify understanding of the absolute human rights violations faced by widows and their children. This has meant that nothing tangible has been done at international level to tackle disinheritance, property and land “grabbing”, ritual cleansing, enforced sex with relatives, social stigma, their dissent into poverty from which there is often no return, or other issues specific to widows and their children, or the negative incentive structure that the threat of widowhood put on women that damages the potential of girls across a society.

In order for action on widows deprivation to be successful, and for it to gain ground with advocacy networks and policy makers, action on widows deprivation must take a micro and macro levels approach: at the micro level, it has to focus on the widows-specific issues, while at the macro level, it must focus on the wider impact and cross-cutting nature of the widows issue, for example the impact on girl-children. But before this happens, it is necessary to consider the points of entry at the advocacy level, where on any issue the terms and themes of the debate are developed and defined so that the quality of this process is what determines whether the issue has purchase and gains traction. The fundamental element for an issue gaining traction is the kind of impact that the issue produces on those who are unfamiliar with it, and how different presentations of the issue produce different responses by an audience unfamiliar with the issue.

393 Some of the researchers include Maria Cattell, Martha Chen, Jean Drèze, Uche Ewelukwa, Helena Lopata, Margaret Owen, Betty Potash, Vanessa von Struensee and Kenda Mutongi.
The widows issues needs to be addressed in such a way that it is understood as an integral part of social and economic topics.

The first step to effective advocacy will be to change the terms of the debate for widows to one that helps emphasis the fundamental nature of widows, namely, that they are women first, and therefore human beings, before other labels are attached to them. Their personal safety, dignity, social worth and life chances should not be tied to symbolic relations with another human being, by which is meant their marriage status of married versus widowed. This kind of analysis of advocacy topics is what some NGOs, for example Oxfam GB, refer to as “power analysis”, which is a standard approach they use to developing an effective advocacy strategy by looking comprehensive at the topic of an advocacy campaign and the campaign’s audience.

A possible way forward is to use updated terminology, to introduce a term that achieves this reclaiming of their position in society, for example the term women with deceased partners, or WDPs. It is also necessary to note that the term women with deceased partners is the only term compatible with the spirit of the United Nations Charter on Human Rights: the Charter takes in the need to cover all prescribed areas of discrimination against individual human beings.

The next step in advocacy is to determine the specific issues to be focused on. Thematically, as this report has shown above, the causes of deprivation faced by women with deceased partners or widows, are: 1) lack of livelihoods – income earning employment for women, cultural taboos against independent women farmers, and lack of inheritance rights for land and other property, 2) lack of skills – illiteracy, lack of numeracy, and business skills, 3) inadequate and non-existent welfare states, 4) stigma – from culture, religion, sexual violence (rape during war), disease (HIV/AIDS association to husbands’ and partners’ deaths), 5) dislocation by war and other humanitarian disasters, and 6) economic collapse – collapse of agricultural resources and trade policies.

At this stage, it is necessary for any advocacy campaign to decide whether it wants to act on the level of the causes of deprivation faced by widows, or on the consequences of becoming a widow or losing a partner, or on both causes and consequences.

9.2: Awareness of Existing Rights and Entitlements – Welfare States are Not Enough

Where widows do have rights in many cases, they are often unaware of them, but typically little is often done by governments to inform them of their rights and available material support. So country-wide outreach services are crucial in countries with low government penetration of rural as well as urban slum areas, resulting in lack of knowledge and understanding of marriage and inheritance laws, both of which impact on widows and their children. Where statutory law exists but awareness does not, customary law is imposed in countries where it is still practiced – with customary law putting widows at a significant disadvantage as recounted in the current report above.
The key issue is that illiterate, geographically and socially isolated populations are often unaware of the existence of available government services and of the role of law. In the case of India:

“....Indian women do not become aware of many areas of legislation and action. The dissemination of information about new legislation is extremely varied and patchy. Illiteracy and exclusionary social practices further exacerbate this isolation from the processes of state organisations” (394). This situation has been noted for other countries around the world.

Development economist Jean Drèze, during his extensive experience living and working in rural locations in northern India in a village while conducting research on living conditions and social relations, was able to observe this tendency in operation at close range. One result of his work was the identification of a crucial role for outreach work, the need for professional social worker intermediaries (395).

Income support for widows is available for widows under age 60, however, together with other conditions, Drèze learned that widows’ applications for income support were routinely ignored unless made with an accompanying male representative. This was problematic in part, given the stipulation that in order to be eligible for widows income support, widows must have no adult male children.

Drèze stated that it was difficult for most widows to mobilise the required male support, hence they lived in poverty because the state refused to take them seriously because they were women who no longer had social purchase. On top of that, a local teacher started a fraudulent service representing widows’ applications for a fee, for which no applications were ever made.

Even where organised professional institutional intermediary support exists, for example through NGOs representing whole communities with local government, it is possible that government still fails to deliver, and can even become predatory (economists use the term, “rent seeking”, a euphemism for corruption).

This type stalemate in government provision was documented through the example of an NGO working in the southern part of the Indian state of Rajasthan. The lack of government response to the community’s attempts, through the help of the NGO, to access government provided entitlements caused the NGO to develop its own autonomous programme that resulting in bypassing the government altogether. On another occasion, a local community served by this NGO chose its project, turning down a much more lucrative project that operated through a

395 Drèze (1998: 196-197), “A poor widow had little hope of winning the application battle unless she can count on the active support of at least one well-educated, resourceful, close male relative (e.g. her brother). Few of them are in this situation,” Dreze (1998: 197). The information on the details of widows income support (pension) for under 60s, is based on information at the time Dreze’s time of writing in 1989. The key point of interest for the present discussion above of this story is the state’s refusing, point blank, to undertake its responsibilities to administer services to those who most require them.
partnership between the local government and the World Bank. This was “. . . because people felt they had control over the process of development [in the NGO project] and because they knew that [the NGO] was accountable and accessible to them on an ongoing basis” (396).

A similar set of dynamics is responsible in Bangladesh for the development of BRAC, a Bangladeshi originated NGO. BRAC has grown to provide comprehensive services, and on a large scale, to the extent that it has tacit acceptance by the government as playing part of the government’s role as service provider.

In 2003, Drèze was consulted by the Free Schools India primary education NGO, which provides free education on parts of a rural community most in need. He pointed out that marginalised social groups in need may not even come forward when services are available, because denial of resources is a standard set for them by power elites. They do not expect to receive anything, and if they do, experience has shown them they can expect their claim to be rejected through the use of extreme violence in return. He was referring to the Dalit community which has effectively experienced social exile or apartheid as a result of previous and substantive current Hindu religious practice, resulting in on-going intensive discrimination (397).

Innovative examples of outreach involve the use of radio as has recently happened in Afghanistan and Bihar state, India and Uganda. Up to 70 percent of the financial and other resources allocated in the Ugandan primary education budget annually went missing, either through unapproved reallocation or outright theft until the budget details were broadcast on radio and posted outside primary schools (398). Even before this can happen, however, governments have to take the first step by providing the capacity at ministry-level for the reforms to take place.

One country that has taken a robust approach to legal reform in spirit and action is Namibia. There, fundamentally, the country’s constitution:

“.... has been widely praised for its strong commitment to human rights and its specific focus on gender equality and the rights of women. The constitution also uses gender-neutral language throughout and forbids discrimination on the basis of sex” (399).

As with many former colonies, Namibia has laws that predate its 1990 constitution, and which are at odds with the constitution. Therefore, Namibia took the next step, in 1992 and: “....established a statutory body, the Law Reform and Development Commission, whose mandate is to review all discriminatory legislation and to make proposals for its amendment.” Crucially, “a

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397 Jean Dreze in consultation with the author, Delhi School of Economics, 2003. A rare mixed methods country-level study of India, echoing these concerns, which focused not on the well worn topic of quality of service supply, but on the factors determining demand, is Jyotsna Jha and Dhir Jhingran (2005).
Women and Law Committee was established under this commission to give special attention to law reform on gender-related matters...” (400).

The other key aspect in promoting reform, both from the point of view of either having to lobby governments to begin the process, or to assist an ongoing process through provision of case study information, is the NGO sector at the country-level.

With respect to developing countries, Uganda is cited as an example of a country with a strong women’s movement (comprising NGOs and broad based women’s activism). The 1998 Land Act saw agreement reached by the Ugandan parliament to allow the right to land co-ownership by husbands and wives, however the actual published version of the Act omitted any mention. The Ugandan women’s movement has since maintained pressure on the issue, and as of 2002, although not having been resolved in favour of equality, “the issue of women and land has become a “hot topic.” thanks in large part to the advocacy by women and non-governmental organisations...” (401).

One major step forward would be for governments to provide financial assistance to widows bringing cases to court. At present, this is being done on a small scale by NGOs such as in Tanzania by the Centre for Widows and Children (CWCA) or the Women’s Centre for Legal Aid and Counselling in Jerusalem, for Palestinian women (402).

Measures also need to be taken to register all marriages; this is crucial if, as in some countries in Sub-Saharan Africa, unregistered marriages are common, while registration is required for inheritance (403). Reform of property and inheritance rights also requires marriage reform, including documentation of individuals, in order to give women greater bargaining power vis-à-vis husbands and family members.

The evidence on land and property rights has shown that the system under which women marry (customary versus civil law), can determine whether women can inherit, so long as the civil law also allows women’s property ownership and inheritance. This will change the incentives guiding intra-household gender relations even before women become widows by changing the material outcome of widowhood itself. International development agencies (bilateral, multilateral and NGOs) will have to put aside their specific strategic interests and pool practical resources, as well as conduct coordinated planning and assign designated roles for programme delivery. This proposal goes some way to making real the vague language of the last Millennium Development Goal, Goal No. 7, which focuses on the need to propose practical action, but does not map out possible starting points (priority issues and how to operationalise them) for such action.

402 Women’s Centre for Legal Aid and Counselling (1995).
403 For specifics in relation to the effects on property of marriage under customary versus formal marriage registration, see Horrell et al (2007: 1353-1355) on female headed household in Zimbabwe.
Simultaneously, governments must set up core welfare state provision consisting of free health care, income support for widows, education subsidies to cover the costs of the children of widows, and child care facilities to allow widows to work to support their families.

9.3: Direct Action: Options for Social and Economic Programmes for Widows

9.3.1: Livelihoods: Economic Empowerment Programmes

Specific support for livelihoods is necessary particularly where widowhood overlaps with the HIV pandemic, this is still a problem in western Kenya for example, where there continues to be a HIV hotspot. Livelihoods support is to avoid the practice of “exchange sex” for both widows and their daughters and to allow them to avoid having to marry their husbands’ brothers in order to survive economically. “Exchange sex” is a term for use of sex for economic gain when the individual, typically a woman or girl, feels compelled due to limited or no livelihoods options, to enter into a sexual relationship with a man in return for, as the minimum necessary return on the transaction, the basics of subsistence. The term “exchange sex” has been deployed to distinguish the nature of the economic aspect of the situation from professional prostitution, where the latter is based on short sexual encounters for money, not a semi-monogamous unmarried or married monogamous sexual relationship for economic protection.

A variation on exchange sex is the “fish for sex” trade on the shores of Lake Victoria in Kenya, one widow describes her situation: “Lucy Odhiambo, 35, prepares her latest purchase for the market….a widow and mother of five, she says women here are in a bind. "I'm forced to pay for the fish with sex because I have no other means," she tells the BBC. "Usually I sleep with one or two fishermen a week. I could get diseases but I have no other choice: I have my children to send to school. Jaboya [exchanging sex for economic goods] is an evil practice." The "disease" is indeed widespread here - the HIV infection rate in this area is almost 15%, double the national average…” (404).

An example of a livelihoods project in this context of the fish for sex trade is being provided by an NGO that helps women get into fishing directly, by owning their own fishing boats and equipment instead of acting as fish on-land traders. Loans are provided and the women pay off the loans, and the money is recycled back into providing more boats for more women. The project is run by Vired International (405). The model of loans for women by women focused lenders such as NGOs has been in operation for some time, for example as the Youth Business International (UK) which has provide loans and business training to widows in several countries. This and the fishing example are examples of the micro-credit model for livelihoods, which can also use the cooperative business model.

In other cases where land it the main means of income, which covers a large proportion of widows, inheritance laws, their lack and the lack of proper enforcement, is the first issue that must be addressed to ensure adequate livelihoods for widows. Typically there is always customary law as the traditional fall-back position for rural communities in particular, even with the existence of modern formal inheritance law in favour of widows’ inheritance. Traditional customary law on inheritance almost always, with the exception of the few matriarchal societies, favours the husband’s family and this problem starts before the death of husbands by women not being permitted to own a share of their marital property, either through lack of laws favouring women’s property right, or through subterfuge by recourse to customary law when property rights for women exist. The widow can have use rights over some or all of the property, but if she decides to remarry, or sometimes, live away from her marital home on becoming a widow, she will typically lose access to her marital property and even any personal moveable items she may own down to pots and pans. The loss can even extend to her some or all of her children if she chooses to remarry outside of the option of remarrying one of her deceased husbands’ brothers or of remaining single with her husband’s family if that option is culturally open to her. In other cases, widows are forcefully evicted from their marital home and husband’s, this practice is widespread in Sub-Saharan Africa and parts of South Asia, while a modified non-violent form is practiced in the parts of the Middle East where an agreement is made prior to the male head of household’s death to give land and property to sons. In other cases, for example in Sub-Saharan Africa, neighboring agricultural property holders will encroach on a widow’s land by cultivating it forcefully without the widow’s permission.

An additional issue linked to widows property rights that must be addressed in societies that practice it, is “widow cleansing”, the practice of widows having to have unprotected sexual intercourse with a man after the husband’s death as described in this report. The issue for widows’ property concerns if widows refuse to undergo “cleansing”, they are often evicted from the community as a result. The eviction is in response to the perceived ill effects on the community of the spiritual bond between the widow and deceased husband remaining intact: the belief is the continued link will bring negative outcomes to the community. The belief in the need to conduct cleansing is so strong that it overrides concerns about transmitting serious sexually transmittable diseases such as HIV and syphilis. In addition, some countries do not run a dual system of law – customary and statutory or formal law – still allow customary law to have an equal status with statutory law, thereby giving a choice to individuals on which system to follow. It is therefore necessary, in order to ensure property rights are systematically maintainable for widows, to ensure customary law cannot hold, and to take concrete steps to eliminate or change the key operation aspect of cleansing (which is sexual intercourse). Zambia for example has passed a law making “widow cleansing” illegal, but further steps at community behavior change and awareness raising about the law will be necessary to end or significantly alter the practice.

Some attempts have been made at banning and/or modifying “widow cleansing”:
“In Malawi, after unsuccessfully attempting to ban widow “cleansing”, health officials convinced traditional leaders to encourage the use of condoms for those who are involved in the rituals. Some local tribal leaders have welcomed the initiative, modifying customary law to punish cleansers who force women to have sex without condoms (Ligomeka 2003). In 2005, the government of Zambia amended the penal code to make it illegal for any person to engage in a harmful cultural practice such as widow “cleansing”, or to encourage another person to engage in the practice. This national level law reform supports ongoing changes to policies and practices at the local levels. The AIDS Care and Prevention Department at Chikankata Hospital began promoting alternative ritualistic methods of sexual “cleansing” though a process of consultation with local chiefs. These consultations explored alternative to ritualistic cleansing, such as nonsexual practices or protected (using condoms) sexual practices. Subsequently, the chiefs in the Chikankata Hospital area enacted a law to abolish ritual cleansing by sexual intercourse in the early 1990s” (406).

All of this property theft depends on the lack of formal laws in favour of widows, lack of enforcement of those laws, and lack of awareness of those laws by widows. It is therefore for critically important for a multi-step process for the effectiveness of law:

1: pass formal laws in favour of widow property inheritance and women’s property ownership that override customary law

2: set up a continuous legal information programme to make widows aware of their inheritance rights and what the legal procedure is

3: community sensitization programme for behavior change on widows inheritance rights

4: sensitization programme for police, lawyers and judges

5: setting up Gender Base Violence (GBV) centres that include inheritance legal advice, case management, and reconciliation capacity (GBV centres also include services for other types of GBV, see for example the “Rainbo centres” in Sierra Leone)

Types of livelihoods support: 1) business training: stock control, basic accounting, market analysis, taking and managing a loan, 2) actual loans as in the fish for sex example above 3) grants, 4) cooperatives, 5) technical support to agriculture: crop planning (including soil management), animal husbandry, management, marketing, shipping to market, finding out about market prices, 6) training on types of business suited to the local economy, 7) property and inheritance rights.

Specific emphasis must be put on skills training, including, when feasible, literacy and numeracy training as large numbers of widows lack these basic skills, as well as business management skills in combination with programme that provide business loans or grants.

9.3.2: Social Programmes for Widows

Gender Based Violence Advice and Response Centres

A model that has appeared in the last few years for service provisions to women who have suffered various forms of GBV (see definitions of GBV in the Appendix of the MDG section) if of a self contained centre offering multiple response and advice services. These GBV centres are referred to in Sierra Leone as “Rainbo centres” and in Somalia as “one stop centres”. The idea is also being looked at in India. The common focus of service delivery for the centres is to provide an institutional setting that suite women when they face GBV, particularly physical and sexual violence. The centres provide immediate treatment for GBV, including rape, and provide advice and case management services for victims of GBV.

GBV centres should be set up in countries that currently do not have them and they should be ensured to include services for widows based on the local context of GBV against widowed women. An awareness programme for the GBV centres is also required to ensure their services are utilized. While being focused on GBV, the centres should also include information on available government and NGO social support programmes, for example free maternal and child healthcare and free nutrition services. This will require government liaising and coordination with NGOs, as such, it will require a services mapping and continual updating of service availability information. In humanitarian settings this will require contact with the UN facilitated emergency response Clusters (Clusters are coordination bodies for UN and NGOs providing service delivery in specific areas such as food, specialist nutrition treatment, health, water-sanitation-hygiene, protection, shelter and non-food items) (407).

Free Healthcare

Because widows are at risk of harmful traditional practices that have grave health consequences such as HIV infection, and are often living in deep poverty, together with young children and adolescent daughters who are at risk of risky sexual practice, typically exchange sex, healthcare should be made free for widows and their children. To be successful, as with other interventions, an awareness programme is necessary, and should take in Community Health Workers (CHW), who do mobile community health monitoring, referrals and some primary healthcare clinical procedures, to ensure widows and their children are aware of the free healthcare services.

Grants to keep children of widows in school

Children’s education is often one of the first expenditures to be cut or completely eliminated by widows on the death of a breadwinner such as a husband/father, particularly for those living in

407 See the Clusters at: www.humanitarianresponse.info
extreme poverty with large family sizes. Children are often put into cash earning work to recover the lost income of the main breadwinner. The grants, to be effective in keeping children in school, must cover all direct and indirect costs of education, as the economic trade off of removing children from economic work is typically high for poor families as if they have to not only lose the children’s income but incur additional costs from education expenses, the widow will not put the child back into school. A cash family income subsidy may also be necessary depending on the level of poverty of the family.

Income Support for Widows: Social security payments for widows

Income support provided by the government is necessary for widows given a number of factors that make them especially vulnerable to poverty, including extreme poverty and deprivation. These factors are:

1: Limited employment opportunities for women in some societies or locations

2: Property grabbing

3: Disinheritance by customary law on marital property

4: Dependent children, especially young children

5: Low income for women for own economic activity (own business or employment)

6: Lack of skills

7: Inability to work due to old age

8: Inability to work due to disability

Depending on government resources and levels of poverty, governments need to provide the necessary level of income support tailored to the needs of different categories of widows. As in the other areas of intervention above, an awareness raising programme is needed to ensure take-up of income support and as a feedback mechanism from beneficiaries to monitor that the system is working.

9.4: Livelihoods and Food Security: Broad Policy Context

Food security is a critical issue for widows and their children in developing countries, in particular least developed countries (LDCs), because most are involved in smallholder agriculture as their livelihood. With such a high proportion of people dependent on subsistence agriculture, these populations are at high risk of food shortages, and in some cases famines, due to climatic conditions, soil fertility exhaustion, international trade rules on agriculture, imposed trade rules on structural adjustment. And now in the HIV/AIDS belt countries in Sub-Saharan Africa, a lack of farm labour caused by high male and female adult mortality.
These are the core issues, all of which have been voiced by international and local level NGOs, and developing country governments alike, which are applicable to widows. Of these, the one issue with the potential to have immediate and far-reaching impact on most widows is international trade with regard to agriculture. Developed country subsidies on agricultural production and export, (which also hurt their own residents through higher and wasted taxes), together with import restrictions, have significantly damaged food security in developing countries.

At the same time, through structural adjustment programmes of The World Bank, developing countries have been forced to open their trade rules to developed country imports, including in agriculture. Developed countries have not reciprocated.

Kevin Watkins, until recently Director of the United Nations Human Development Report, and former head of research at Oxfam GB writes: “developing countries have been liberalising rapidly, while rich countries, despite the free trade rhetoric of their governments, have remained fiercely protectionist in their approach to developing country exports. These protectionist polices are one reason why integration into world markets is not delivering its full benefits to poor countries” (408).

The impact on widows follows, “poor people in general and women in particular bear the brunt, since it is they who produce the goods most affected by import barriers: agriculture and labour intensive manufactured goods. Agriculture accounts for 62 percent of women’s employment in developing countries, and women make up 70 percent of workers in export-processing zones” (409). There is therefore an extremely strong case for immediate action on developed country trade polices on agriculture.

9.5: Empowerment of Widows

The primary objective of the Loomba Foundation’s work is the tangible empowerment of widows. Positive feedback effects of empowering widows economically have already been demonstrated. It has been shown that improved female income earning capacity improves human capital: significantly more income in the hands of mothers goes directly to children’s health and education than income in the hands of fathers (410).

Under the current set of social norms in many developing countries, the consequences of widowhood, in economic terms, represent an effective depreciation of the productive assets of these economies, and therefore represent a deduction from the total value of their GDPs. A way needs to be found to alter the position of widows from perceived liabilities into valuable economic assets as this in itself will transform their place in societies. Perversely, once they are

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valued as economically valuable, their social image may improve, leading to the full realisation of their human rights.

The key outcomes that signify widows’ empowerment are:

1: international awareness of the significance of widows deprivation among researchers, policy specialists, politicians, NGOs and the public

2: ability to avoid physical dangers of cultural practices associated with widowhood

3: achievement of inheritance and property ownership rights

4: awareness of law on marriage and inheritance and of available government welfare and NGO provision

5: avoidance of poverty at the onset of widowhood through specific government support in the form of income and healthcare, free education, childcare costs, and specific widow support including pensions for older widows

6: literacy programmes, given the low levels of women’s literacy in many countries and its instrumental value in empowerment

7: significant reduction in HIV/AIDS infection rates, thereby avoiding premature widowhood in the first instance, and avoiding destitution of HIV/AIDS infected widows, and concomitant child destitution through the deaths of both parents

8: legally enforced change in male attitudes to harmful traditional practices, including those related to widowhood, and women’s property rights

9: change in the meaning of widows’ social and religious status from negative to positive

10: effective law enforcement action at the local level, especially in rural communities, against violations of widows’ rights

The required initiatives for achieving these outcomes for the empowerment of widows and securing the well-being of their children are:

1: scaled up advocacy globally by the United Nations on International Widows Day

2: the reform of country-level legal systems to enshrine human and inheritance rights for widows

3: country-wide outreach services for law and government and NGO social service provision

4: reform and expansion of welfare states to provide effective support to prevent women and their children falling into poverty with the onset of widowhood

5: emergency aid for the HIV/AIDS belt of eastern and southern Sub-Saharan Africa, to include food and health, agriculture support services and inputs - and systematic HIV/AIDS prevention plans
6: literacy programmes to be women-run at the point of delivery, utilising NGO networks and the micro-finance model as an organisational model for delivery of actual tuition (412);

7: to achieve country-level food security which has a direct impact on the lives of widows and their children. This would include the immediate abolition of current agricultural trade rules and practices by OECD and EU countries with respect to developing countries, especially “dumping”, export subsidies, and developing country market access to the OECD and EU, with any necessary reforms made to World Trade Organisation (WTO)

8: gender mainstreaming in policy systems where the immediate inclusion of women’s social and economic issues to include widows and their children is required

9: the recognition of the role of widows as the last tier of adults left to manage communities ravaged by HIV/AID – and supporting them accordingly

10: leadership by religious, political and community leaders in actively promoting a positive change in attitudes towards widows in those countries where widowhood carries social stigma

9.6: International Widows Day – A Starting Point

The recognition of International Widows Day (IWD) by the UN in 2010, with the first UN IWD observed in 2011, has meant that the plight of impoverished widows has finally officially arrived on the mainstream development agenda. Such recognition is only the start of action for widows and their children, but it is a significant start. The Loomba Foundation sees the purpose of a United Nations International Widows Day as:

1: a fundamental step in gaining recognition of the seriousness and scale of the deprivation faced by widows and their children around the world

2: a critical tool in drawing attention to links and negative feedbacks between widows deprivation and the crucial areas of women and children’s health, education, and empowerment

3: a means to focus attention on the crucial role that widows deprivation plays in determining whether or not the key Millennium Development Goals (MDGs) on extreme poverty, health, education and women’s empowerment will be met

9.7: Post-Millennium Development Goals Framework: The distinct issues faced by Widows

The Millennium Development Goals (MDGs) (413) come to an end at the end of 2015. Launched in 2000 by the UN and governments around the world, there were seven MDGs with broad

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411 Example of an NGO network focused on women’s development is the grassroots women’s organization called Sangtin, Sitapur district, central Uttar Pradesh state, India, see Sangtin Writers and Nagar (2006: xxii).

412 Relevance of the micro-finance model to academic activity is through the formers use of positive peer pressure to maintain the operation of the group; in the micro-finance case, the personal, small group dynamics ensures women repay loans, while in the literacy teaching case, it is used to ensure that literacy group members maintain attendance and complete the required work.

413 http://www.un.org/millenniumgoals/
targets to be achieved by 2015 by governments who signed up to the goals. The MDGs were an attempt to bring focus to the decades of separate UN development policy work streams covering everything from reproductive health to the environment (414) – International Conference on Population and Development, Cairo, 1994 – the women’s conference series (415) such as The Fourth World Conference on Women, Beijing, 1995 – the UN Conference on Environment and Development, Rio de Janeiro, 1992 – and others.

The idea of collecting the different element of economic and social development together into a single framework made a great deal of sense from a policy and implementation perspective, synergies could be expected as different sectors began to think about their linkage and cross-cutting issues, and put them into practical programmes, and it also made sense from a public mobilization and advocacy on governments perspective, as it greatly simplified a complicated set of issues and cut out the official UN conference technical language. The MDGs as a topic had the advantage that everyone saw them as a good thing, therefore adding momentum by popularizing “development” as most-do activity of contemporary government and society around the world.

The MDGs were not without their problems, by simplifying a complex area like economic and social development into seven goals with a limited number of targets, danger existed for missing out on other key economic and social development issues interlinked with individual MDGs and cross-cutting topics for two or more of the MDGs. In fact, the MDG targets were added to later on in an attempt to be more specific and inclusive.

In spite of the one attempt to increase the clarity of the MDGs, they remained too limited by the lack of elaborated development pathways that lead to each MDG and link between them. This was seen during the 15 years of the MDGs by the call from many agencies in specific areas of development work to include new topics in the MDGs. In the case of social and economic issues affecting widows as well as widows, the focus it to include widows issues in the MDGs, for example on MDG-3 on Gender Equality and Empower Women.

9.7: Post-Millennium Development Goals Framework: Need for Detailed Framework

The Millennium Development Goals (MDGs): 2000-2015:

1: To eradicate extreme poverty and hunger
2: To achieve universal primary education
3: To promote gender equality and empower women
4: To reduce child mortality
5: To improve maternal health

414 http://www.unfpa.org/icpd
415 http://www.un.org/womenwatch/daw/beijing/platform/
6: To combat HIV/AIDS, malaria, and other diseases
7: To ensure environmental sustainability
8: To develop a global partnership for development

The MDGs with their targets:

The text below is taken word-for-word from the UN's MDG website (416):

GOAL 1:
ERADICATE EXTREME POVERTY & HUNGER

Target 1.A:
Halve, between 1990 and 2015, the proportion of people whose income is less than $1.25 a day

Target 1.B:
Achieve full and productive employment and decent work for all, including women and young people

Target 1.C:
Halve, between 1990 and 2015, the proportion of people who suffer from hunger

GOAL 2:
ACHIEVE UNIVERSAL PRIMARY EDUCATION

Target 2.A:
Ensure that, by 2015, children everywhere, boys and girls alike, will be able to complete a full course of primary schooling

GOAL 3:
PROMOTE GENDER EQUALITY AND EMPOWER WOMEN

Target 3.A:
Eliminate gender disparity in primary and secondary education, preferably by 2005, and in all levels of education no later than 2015

GOAL 4:
REDUCE CHILD MORTALITY

Target 4.A:
Reduce by two thirds, between 1990 and 2015, the under-five mortality rate

GOAL 5:
IMPROVE MATERNAL HEALTH

http://www.un.org/millenniumgoals/
Target 5.A: Reduce by three quarters, between 1990 and 2015, the maternal mortality ratio

Target 5.B: Achieve, by 2015, universal access to reproductive health

GOAL 6: COMBAT HIV/AIDS, MALARIA AND OTHER DISEASES

Target 6.A: Have halted by 2015 and begun to reverse the spread of HIV/AIDS

Target 6.B: Achieve, by 2010, universal access to treatment for HIV/AIDS for all those who need it

Target 6.C: Have halted by 2015 and begun to reverse the incidence of malaria and other major diseases

GOAL 7: ENSURE ENVIRONMENTAL SUSTAINABILITY

Target 7.A: Integrate the principles of sustainable development into country policies and programmes and reverse the loss of environmental resources

Target 7.B: Reduce biodiversity loss, achieving, by 2010, a significant reduction in the rate of loss

Target 7.C: Halve, by 2015, the proportion of the population without sustainable access to safe drinking water and basic sanitation

Target 7.D: Achieve, by 2020, a significant improvement in the lives of at least 100 million slum dwellers

GOAL 8: DEVELOP A GLOBAL PARTNERSHIP FOR DEVELOPMENT

Target 8.A: Develop further an open, rule-based, predictable, non-discriminatory trading and financial system

Target 8.B: Address the special needs of least developed countries
Target 8.C:
Address the special needs of landlocked developing countries and small island developing States

Target 8.D:
Deal comprehensively with the debt problems of developing countries

Target 8.E:
In cooperation with pharmaceutical companies, provide access to affordable essential drugs in developing countries

Target 8.F:
In cooperation with the private sector, make available benefits of new technologies, especially information and communications

Below are the official MDG logos for each goal:

![MDG Logos](image)

The original Millennium Declaration document (see the full text at the end of this section below) where the goals were specified only as a list, without numbering and details such as the targets, did not provide practical specific development pathways for specific groups and issues such as widows or for any other groups. Such documents by the UN at General Assembly level are always vague by design, worded as statements of intent.

The Millennium Declaration mentions very limited focus on women in the following way:

“Section-20. We also resolve: To promote gender equality and the empowerment of women as effective ways to combat poverty, hunger and disease and to stimulate development that is truly sustainable.”

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417 http://www.un.org/millennium/declaration/ares552e.htm
This can be interpreted as all encompassing, thereby implicitly covering widows, however, for anyone including development practitioners unfamiliar with the distinctive deprivation faced by widows, the clear danger of such a general statement is for better known issues, like maternal health, to get greater focus from policy makers and project planners. The reference to gender equality eventually made it into the MDGs as a specific MDG. The other reference in the MDGs themselves with specific focus on women was the now famous reference to dramatically reduce maternal mortality. One could argue therefore, out of eight MDGs, two make specific focus on women, therefore the MDGs are almost women-heavy, however what is at issue is the quality of this formal focus on women as worded by the MDGs.

There were in fact a number of headings under the Millennium Declaration that did not make it into the MDGs, while other individual topics under the main Millennium Declaration sections were heavily amalgamated into the MDGs to be virtually traceless.

In fact, the final MDGs were a very selective set of goals, and in some cases, like “gender equality and empower women” for MDG-3, the MDG’s scope was excessively limited by extremely narrow range of the targets chosen. The targets for MDG-3 talk only about eliminating gender imbalances in primary and secondary education. For all the talk of “gender mainstreaming”, MDG-3 does not make any serious attempt to do so. Gender mainstreaming means that gender considerations must be part of normal decision making and planning processes and everyday work processes of all organisations that make up a country. Still more the gap in MDG-3 is clear by the lack of any mention to Gender Based Violence (GBV), under which much of what effects widows fall under. GBV is defined over five topic areas: “There are 5 types of Sexual and Gender-based violence; Sexual Violence, Physical Violence, Emotional and Psychological Violence, Harmful Traditional Practices and Socio-Economic Violence” (418). See the end of this section for a complete breakdown of the five types of GBV.

It is not clear what the complete set of considerations was for the choice of MDGs and their targets, it may have been measurability, which is a critical issue for any type of goal and target, if it is not possible to measure something, it is not possible to know what progress is being made. The concern may also have been, and is related to closely to the measurability issue, about the ability of national governments data collection capacity to provide accurate and frequent enough data for progress reporting. The latter is a concrete and realistic concern, however the USAID MEASURE programme, that produces the Demographic and Health Surveys (DHS) for all the countries on the programme, is one tested structure for collecting data with governments that have otherwise been characterized as having weak data collection systems. The MEASURE programme could have been and can still be expanded to more countries or replicated by other donors, such as the UN, to suite regional issues and concerns about data collection by donors. The UN already carries out Multiple Indicator Cluster Surveys (MICS) on a regular basis so the capacity already exists. In fact, improving data systems is an often under emphasized necessary

418 GBV guidelines: http://www.irinnews.org/indepthmain.aspx?InDepthId=20&ReportId=62847
condition for better development results, as any humanitarian aid practitioner can verify when faced with implementing in countries where the data system has been wiped out in a national emergency or disaster. It may have been that donor governments were unwilling to commit new large resources to data collection system strengthening. Another concern that resulted in the choice of the goals was that if they were presented at too theoretical a level, for example, a MDG could have been “Women’s Development”, or “Population Health”, instead of “Maternal Health”, that the public would not be able to engage with MDG process. This has a certain clear logic to it, however if this was a concern, it could have been easily dealt with through careful wording and information marketing – sometimes referred to in a development context as “social marketing”.


Whatever specific goal framework is developed, the goals, to be truly effective have to be transparent about the linkages to each other and have greater details of individual issues related to each goal area or theme. To this end, the framers of the post-2015 development framework need first of all to set themselves a clear methodology: such a methodology should start by organizing itself around a systems approach, and then by considering proven intervention frameworks which came be captured in set of principles to assess (assessment principles) the post-2015 development framework. While the immediate focus of this report is on widows, by linking the need to include widows in the post-2015 development framework by way of demonstrating the need to take a systems approach to the post-2015 goals will make it much more like that issues such as widows deprivation will be included post-2015.

For example, if we use the example of the original MDGs, one should start assessing the effectiveness of goal choice and goal targets by asking about how systematic they are. Looking at “systematicness” (an assessment principle) to assess whether, if focusing on particular development problem with a given goal and targets, there is a critical mass effect: critical mass effect can be defined as the existence of synergies and addressing of core issues and cross-cutting issues.

For example, what the ebola epidemic has laid bare is the ineffectiveness of the current donor focus on specific disease and a reliance on tackling those specific diseases with external donor programmes. This relates to MDG-6. What ebola has shown is the cost of not investing properly in health education for the general population – an old fashioned public health intervention – when communities are unable to understand the basics of infection and infectious disease processes. What the disease specific focus HIV, TB and malaria does is to channel resources heavily into these areas because donors set the agenda, so implementers fall into line with the framework to the exclusion of other necessary interventions. As a result of ebola, there is now talk of the need to do health system strengthening, which covers the less photogenic areas of healthcare such as data collection and management, logistics, procurement, pre-positioning, staffing, ensuring key expertise exists and is distributed evenly throughout the system, M&E and of course the public health education just mentioned. Knowing the high end risks such as ebola
and other viral haemorrhagic fevers such as Lassa fever in West Africa, preparedness should have been a key element of the health system and donor frameworks. Using principles such as “systematicness” would avoid such costly errors. Now, ebola has set back all the disease specific interventions of donors quickly and easily. Ebola aside, as another example, people in the Mathare slum in Nairobi for example, still believe that diarrhea is caused by “evil spirits” and not the open flow of untreated human faeces in the narrow and unpaved streets that gets brought into people’s tiny homes on their shoes and hands. Community Health Strategies exist for many developing countries, but there is no realistic attempt, as in the case of Kenya, to design a sustainable implementation system.

Similarly, in the case of Gender Equality and Empower Women, MDG-3, which is the MDG of importance to widows, and women at all stages of their life cycle in general, it is not possible to accept the current wording if we apply the “systematicness” principle. For example, while addressing HIV in MDG-6, is it really possible not link HIV to gender inequality and women’s empowerment (MDG-3 currently only focused on gender balance in education as a target) and not to have it with a specific mention of “widows cleansing” and other widows traditional practices that have harmful health effects and hope to make a significant improvement in the HIV situation?

Widows in a Development Framework like the MDGs:

It may have been the thought of the original MDG framers that in getting gender balance in education fixed (see the target for MDG-3), all the associated interlocking issues that need to be addressed as well as gender imbalance in education will also be addressed in the process. However this is leaving too much to chance, as what is not planned for gets left out, particularly in contexts where there are heavy vested interests and poorly functioning systems, as is typically the case in gender issues.

So for women, and in the specific case, widows, to have issues properly addressed, the MDG-3 could and should looked like the following:

<table>
<thead>
<tr>
<th>Step-1: Break down into specific Life Cycle Phase categories of females (girls and women):</th>
</tr>
</thead>
<tbody>
<tr>
<td>Under five</td>
</tr>
</tbody>
</table>

**Goal: Gender Equality and Empower Women**

**Section of the Goal Specific to Women (there will be another section like this for males):**
Organise by key life stages

Step-2: Specify sub-groups of girls and women

<table>
<thead>
<tr>
<th></th>
<th>Under age five</th>
<th>Children age five to 9</th>
<th>Children age 10-17</th>
<th>Young women 18-24</th>
<th>Single Women</th>
<th>Married women</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age 1 &amp; above</td>
<td>Age 5-6 years</td>
<td>Age 10-14 years</td>
<td>Age 18-20 years</td>
<td>Unmarried</td>
<td>Monogamous</td>
<td></td>
</tr>
<tr>
<td>Age 1 month to under age 1 year</td>
<td>Age 7-9 years</td>
<td>Age 15-17 years</td>
<td>Age 21-24 years</td>
<td>Divorced</td>
<td>Multiple wives</td>
<td></td>
</tr>
<tr>
<td>Age 28 days</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
<td>Widows</td>
<td>Long-distance marriage</td>
<td></td>
</tr>
</tbody>
</table>

Step-3: organize by individual key Life Cycle Phase and by key social & economic themes, in the case below it is done for widows as part of the Single Women Life Cycle Phase

Widows: key areas

<table>
<thead>
<tr>
<th></th>
<th>1: Family status</th>
<th>2: Inheritance</th>
<th>3: Livelihood</th>
<th>4: Traditional practices</th>
<th>5: Social programmes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Right to remarry &amp; stay single</td>
<td>Property rights: customary and formal law</td>
<td>Skills: self-trained and qualifications</td>
<td>Mourning Practices: Cleansing; other mourning rituals</td>
<td>Type of support Level and duration of support</td>
<td></td>
</tr>
<tr>
<td>Effectiveness of legal system</td>
<td>Effectiveness of legal system</td>
<td>Access to productive assets</td>
<td>“widow inheritance”</td>
<td>Government; NGO</td>
<td></td>
</tr>
</tbody>
</table>

The framework example above is only one way to develop a development framework and way to include widows deprivation within such a framework. An alternative is to start with broad thematic areas such as Health, and then map out the specific dynamic, e.g. “widow cleansing”,

that affect key areas in how interventions must be designed, in this example, “widows cleansing” must be taken into account for HIV prevention and treatment.

<table>
<thead>
<tr>
<th>Widows: Targets for Key Areas</th>
</tr>
</thead>
<tbody>
<tr>
<td>1: Family status</td>
</tr>
<tr>
<td><strong>Targets:</strong></td>
</tr>
<tr>
<td>T1: Ensure right to remarry person of choice</td>
</tr>
<tr>
<td>T2: Ensure right to remain single</td>
</tr>
<tr>
<td>T3: Ensure legal system functions</td>
</tr>
</tbody>
</table>
UN’s statement of intent for the way ahead for the post-2015 process:

“2015 in the Time for Global Action – The opportunities that 2015 presents for bringing the countries and people of the world together to decide and embark on the new pathways forward are historic and unprecedented. The decisions will determine the global course of action to end poverty, promote prosperity and well-being for all, protect the environment and address climate change. The actions made in 2015 are expected to result in new sustainable development goals to follow the eight Millennium Development Goals (MDGs). The UN is working with governments, civil society and other partners to build on the momentum generated by the MDGs and carry on with an ambitious post-2015 development agenda” (419).

The post-2015 work is being termed as “post-2015 sustainable development agenda” to follow on from the MDGs. The final framework will be launched at the Special Summit on Sustainable Development in September 2015. The MDG websites states that: “With the MDGs concluding at the end of 2015, world leaders have called for an ambitious, long-term agenda to improve people’s lives and protect the planet for future generations. This post-2015 development agenda is expected to tackle many issues, including ending poverty and hunger, improving health and education, making cities more sustainable, combating climate change, and protecting oceans and forests” (420). Clearly, there appears to be a consensus for wider scope in the post-2015 framework, what it not clear is the depth to which they will take each area of focus. Any framework must provide clear guiding principles as suggested above that will allow it to better address the development issues by allowing the inclusion of specific areas such as widows deprivation.

Appendix on MDGs:

The following is the full un-edited text of the original UN Millennium Declaration document on which the MDGs were based available at:

http://www.un.org/millennium/declaration/ares552e.htm

Resolution adopted by the General Assembly

[without reference to a Main Committee (A/55/L.2)]

55/2. United Nations Millennium Declaration

The General Assembly

Adopts the following Declaration:

United Nations Millennium Declaration

I. Values and principles

1. We, heads of State and Government, have gathered at United Nations Headquarters in New York from 6 to 8 September 2000, at the dawn of a new millennium, to reaffirm our faith in the Organization and its Charter as indispensable foundations of a more peaceful, prosperous and just world.

2. We recognize that, in addition to our separate responsibilities to our individual societies, we have a collective responsibility to uphold the principles of human dignity, equality and equity at the global level. As leaders we have a duty therefore to all the world’s people, especially the most vulnerable and, in particular, the children of the world, to whom the future belongs.

3. We reaffirm our commitment to the purposes and principles of the Charter of the United Nations, which have proved timeless and universal. Indeed, their relevance and capacity to inspire have increased, as nations and peoples have become increasingly interconnected and interdependent.

4. We are determined to establish a just and lasting peace all over the world in accordance with the purposes and principles of the Charter. We rededicate ourselves to support all efforts to uphold the sovereign equality of all States, respect for their territorial integrity and political independence, resolution of disputes by peaceful means and in conformity with the principles of justice and international law, the right to self-determination of peoples which remain under colonial domination and foreign occupation, non-interference in the internal affairs of States, respect for human rights and fundamental freedoms, respect for the equal rights of all without distinction as to race, sex, language or religion and international cooperation in solving international problems of an economic, social, cultural or humanitarian character.

5. We believe that the central challenge we face today is to ensure that globalization becomes a positive force for all the world’s people. For while globalization offers great opportunities, at present its benefits are very unevenly shared, while its costs are unevenly distributed. We recognize that developing countries and countries with economies in transition face special difficulties in responding to this central challenge. Thus, only through broad and sustained efforts to create a shared future, based upon our common humanity in all its diversity, can globalization be made fully inclusive and equitable. These efforts must include policies and measures, at the global level, which correspond to the needs of developing countries and economies in transition and are formulated and implemented with their effective participation.

6. We consider certain fundamental values to be essential to international relations in the twenty-first century. These include:

   • Freedom. Men and women have the right to live their lives and raise their children in dignity, free from hunger and from the fear of violence, oppression or injustice. Democratic and participatory governance based on the will of the people best assures these rights.
• Equality. No individual and no nation must be denied the opportunity to benefit from development. The equal rights and opportunities of women and men must be assured.

• Solidarity. Global challenges must be managed in a way that distributes the costs and burdens fairly in accordance with basic principles of equity and social justice. Those who suffer or who benefit least deserve help from those who benefit most.

• Tolerance. Human beings must respect one other, in all their diversity of belief, culture and language. Differences within and between societies should be neither feared nor repressed, but cherished as a precious asset of humanity. A culture of peace and dialogue among all civilizations should be actively promoted.

• Respect for nature. Prudence must be shown in the management of all living species and natural resources, in accordance with the precepts of sustainable development. Only in this way can the immeasurable riches provided to us by nature be preserved and passed on to our descendants. The current unsustainable patterns of production and consumption must be changed in the interest of our future welfare and that of our descendants.

• Shared responsibility. Responsibility for managing worldwide economic and social development, as well as threats to international peace and security, must be shared among the nations of the world and should be exercised multilaterally. As the most universal and most representative organization in the world, the United Nations must play the central role.

7. In order to translate these shared values into actions, we have identified key objectives to which we assign special significance.

II. Peace, security and disarmament

8. We will spare no effort to free our peoples from the scourge of war, whether within or between States, which has claimed more than 5 million lives in the past decade. We will also seek to eliminate the dangers posed by weapons of mass destruction.

9. We resolve therefore:

• To strengthen respect for the rule of law in international as in national affairs and, in particular, to ensure compliance by Member States with the decisions of the International Court of Justice, in compliance with the Charter of the United Nations, in cases to which they are parties.

• To make the United Nations more effective in maintaining peace and security by giving it the resources and tools it needs for conflict prevention, peaceful resolution of disputes, peacekeeping, post-conflict peace-building and reconstruction. In this context, we take note of the report of the Panel on United Nations Peace Operations and request the General Assembly to consider its recommendations expeditiously.

• To strengthen cooperation between the United Nations and regional organizations, in accordance with the provisions of Chapter VIII of the Charter.
• To ensure the implementation, by States Parties, of treaties in areas such as arms control and disarmament and of international humanitarian law and human rights law, and call upon all States to consider signing and ratifying the Rome Statute of the International Criminal Court.

• To take concerted action against international terrorism, and to accede as soon as possible to all the relevant international conventions.

• To redouble our efforts to implement our commitment to counter the world drug problem.

• To intensify our efforts to fight transnational crime in all its dimensions, including trafficking as well as smuggling in human beings and money laundering.

• To minimize the adverse effects of United Nations economic sanctions on innocent populations, to subject such sanctions regimes to regular reviews and to eliminate the adverse effects of sanctions on third parties

• To strive for the elimination of weapons of mass destruction, particularly nuclear weapons, and to keep all options open for achieving this aim, including the possibility of convening an international conference to identify ways of eliminating nuclear dangers.

• To take concerted action to end illicit traffic in small arms and light weapons, especially by making arms transfers more transparent and supporting regional disarmament measures, taking account of all the recommendations of the forthcoming United Nations Conference on Illicit Trade in Small Arms and Light Weapons.

• To call on all States to consider acceding to the Convention on the Prohibition of the Use, Stockpiling, Production and Transfer of Anti-personnel Mines and on Their Destruction, as well as the amended mines protocol to the Convention on conventional weapons.

10. We urge Member States to observe the Olympic Truce, individually and collectively, now and in the future, and to support the International Olympic Committee in its efforts to promote peace and human understanding through sport and the Olympic Ideal.

III. Development and poverty eradication

11. We will spare no effort to free our fellow men, women and children from the abject and dehumanizing conditions of extreme poverty, to which more than a billion of them are currently subjected. We are committed to making the right to development a reality for everyone and to freeing the entire human race from want.

12. We resolve therefore to create an environment – at the national and global levels alike – which is conducive to development and to the elimination of poverty.

13. Success in meeting these objectives depends, inter alia, on good governance within each country. It also depends on good governance at the international level and on transparency in
the financial, monetary and trading systems. We are committed to an open, equitable, rule-based, predictable and non-discriminatory multilateral trading and financial system.

14. We are concerned about the obstacles developing countries face in mobilizing the resources needed to finance their sustained development. We will therefore make every effort to ensure the success of the High-level International and Intergovernmental Event on Financing for Development, to be held in 2001.

15. We also undertake to address the special needs of the least developed countries. In this context, we welcome the Third United Nations Conference on the Least Developed Countries to be held in May 2001 and will endeavour to ensure its success. We call on the industrialized countries:

• To adopt, preferably by the time of that Conference, a policy of duty- and quota-free access for essentially all exports from the least developed countries;

• To implement the enhanced programme of debt relief for the heavily indebted poor countries without further delay and to agree to cancel all official bilateral debts of those countries in return for their making demonstrable commitments to poverty reduction;

• To grant more generous development assistance, especially to countries that are genuinely making an effort to apply their resources to poverty reduction.

16. We are also determined to deal comprehensively and effectively with the debt problems of low- and middle-income developing countries, through various national and international measures designed to make their debt sustainable in the long term.

17. We also resolve to address the special needs of small island developing States, by implementing the Barbados Programme of Action and the outcome of the twenty-second special session of the General Assembly rapidly and in full. We urge the international community to ensure that, in the development of a vulnerability index, the special needs of small island developing States are taken into account.

18. We recognize the special needs and problems of the landlocked developing countries, and urge both bilateral and multilateral donors to increase financial and technical assistance to this group of countries to meet their special development needs and to help them overcome the impediments of geography by improving their transit transport systems.

19. We resolve further:

• To halve, by the year 2015, the proportion of the world’s people whose income is less than one dollar a day and the proportion of people who suffer from hunger and, by the same date, to halve the proportion of people who are unable to reach or to afford safe drinking water.
• To ensure that, by the same date, children everywhere, boys and girls alike, will be able to complete a full course of primary schooling and that girls and boys will have equal access to all levels of education.

• By the same date, to have reduced maternal mortality by three quarters, and under-five child mortality by two thirds, of their current rates.

• To have, by then, halted, and begun to reverse, the spread of HIV/AIDS, the scourge of malaria and other major diseases that afflict humanity.

• To provide special assistance to children orphaned by HIV/AIDS.

• By 2020, to have achieved a significant improvement in the lives of at least 100 million slum dwellers as proposed in the "Cities Without Slums" initiative.

20. We also resolve:

• To promote gender equality and the empowerment of women as effective ways to combat poverty, hunger and disease and to stimulate development that is truly sustainable.

• To develop and implement strategies that give young people everywhere a real chance to find decent and productive work.

• To encourage the pharmaceutical industry to make essential drugs more widely available and affordable by all who need them in developing countries.

• To develop strong partnerships with the private sector and with civil society organizations in pursuit of development and poverty eradication.

• To ensure that the benefits of new technologies, especially information and communication technologies, in conformity with recommendations contained in the ECOSOC 2000 Ministerial Declaration, are available to all.

IV. Protecting our common environment

21. We must spare no effort to free all of humanity, and above all our children and grandchildren, from the threat of living on a planet irredeemably spoilt by human activities, and whose resources would no longer be sufficient for their needs.

22. We reaffirm our support for the principles of sustainable development, including those set out in Agenda 21, agreed upon at the United Nations Conference on Environment and Development.

23. We resolve therefore to adopt in all our environmental actions a new ethic of conservation and stewardship and, as first steps, we resolve:
• To make every effort to ensure the entry into force of the Kyoto Protocol, preferably by the tenth anniversary of the United Nations Conference on Environment and Development in 2002, and to embark on the required reduction in emissions of greenhouse gases.

• To intensify our collective efforts for the management, conservation and sustainable development of all types of forests.

• To press for the full implementation of the Convention on Biological Diversity and the Convention to Combat Desertification in those Countries Experiencing Serious Drought and/or Desertification, particularly in Africa.

• To stop the unsustainable exploitation of water resources by developing water management strategies at the regional, national and local levels, which promote both equitable access and adequate supplies.

• To intensify cooperation to reduce the number and effects of natural and man-made disasters.

• To ensure free access to information on the human genome sequence.

V. Human rights, democracy and good governance

24. We will spare no effort to promote democracy and strengthen the rule of law, as well as respect for all internationally recognized human rights and fundamental freedoms, including the right to development.

25. We resolve therefore:

• To respect fully and uphold the Universal Declaration of Human Rights.

• To strive for the full protection and promotion in all our countries of civil, political, economic, social and cultural rights for all.

• To strengthen the capacity of all our countries to implement the principles and practices of democracy and respect for human rights, including minority rights.

• To combat all forms of violence against women and to implement the Convention on the Elimination of All Forms of Discrimination against Women.

• To take measures to ensure respect for and protection of the human rights of migrants, migrant workers and their families, to eliminate the increasing acts of racism and xenophobia in many societies and to promote greater harmony and tolerance in all societies.

• To work collectively for more inclusive political processes, allowing genuine participation by all citizens in all our countries.

• To ensure the freedom of the media to perform their essential role and the right of the public to have access to information.
VI. Protecting the vulnerable

26. We will spare no effort to ensure that children and all civilian populations that suffer disproportionately the consequences of natural disasters, genocide, armed conflicts and other humanitarian emergencies are given every assistance and protection so that they can resume normal life as soon as possible.

We resolve therefore:

• To expand and strengthen the protection of civilians in complex emergencies, in conformity with international humanitarian law.

• To strengthen international cooperation, including burden sharing in, and the coordination of humanitarian assistance to, countries hosting refugees and to help all refugees and displaced persons to return voluntarily to their homes, in safety and dignity and to be smoothly reintegrated into their societies.

• To encourage the ratification and full implementation of the Convention on the Rights of the Child and its optional protocols on the involvement of children in armed conflict and on the sale of children, child prostitution and child pornography.

VII. Meeting the special needs of Africa

27. We will support the consolidation of democracy in Africa and assist Africans in their struggle for lasting peace, poverty eradication and sustainable development, thereby bringing Africa into the mainstream of the world economy.

28. We resolve therefore:

• To give full support to the political and institutional structures of emerging democracies in Africa.

• To encourage and sustain regional and subregional mechanisms for preventing conflict and promoting political stability, and to ensure a reliable flow of resources for peacekeeping operations on the continent.

• To take special measures to address the challenges of poverty eradication and sustainable development in Africa, including debt cancellation, improved market access, enhanced Official Development Assistance and increased flows of Foreign Direct Investment, as well as transfers of technology.

• To help Africa build up its capacity to tackle the spread of the HIV/AIDS pandemic and other infectious diseases.

VIII. Strengthening the United Nations
29. We will spare no effort to make the United Nations a more effective instrument for pursuing all of these priorities: the fight for development for all the peoples of the world, the fight against poverty, ignorance and disease; the fight against injustice; the fight against violence, terror and crime; and the fight against the degradation and destruction of our common home.

30. We resolve therefore:

- To reaffirm the central position of the General Assembly as the chief deliberative, policy-making and representative organ of the United Nations, and to enable it to play that role effectively.
- To intensify our efforts to achieve a comprehensive reform of the Security Council in all its aspects.
- To strengthen further the Economic and Social Council, building on its recent achievements, to help it fulfil the role ascribed to it in the Charter.
- To strengthen the International Court of Justice, in order to ensure justice and the rule of law in international affairs.
- To encourage regular consultations and coordination among the principal organs of the United Nations in pursuit of their functions.
- To ensure that the Organization is provided on a timely and predictable basis with the resources it needs to carry out its mandates.
- To urge the Secretariat to make the best use of those resources, in accordance with clear rules and procedures agreed by the General Assembly, in the interests of all Member States, by adopting the best management practices and technologies available and by concentrating on those tasks that reflect the agreed priorities of Member States.
- To ensure greater policy coherence and better cooperation between the United Nations, its agencies, the Bretton Woods Institutions and the World Trade Organization, as well as other multilateral bodies, with a view to achieving a fully coordinated approach to the problems of peace and development.
- To strengthen further cooperation between the United Nations and national parliaments through their world organization, the Inter-Parliamentary Union, in various fields, including peace and security, economic and social development, international law and human rights and democracy and gender issues.
- To give greater opportunities to the private sector, non-governmental organizations and civil society, in general, to contribute to the realization of the Organization’s goals and programmes.
31. We request the General Assembly to review on a regular basis the progress made in implementing the provisions of this Declaration, and ask the Secretary-General to issue periodic reports for consideration by the General Assembly and as a basis for further action.

32. We solemnly reaffirm, on this historic occasion, that the United Nations is the indispensable common house of the entire human family, through which we will seek to realize our universal aspirations for peace, cooperation and development. We therefore pledge our unstinting support for these common objectives and our determination to achieve them.

8th plenary meeting
8 September 2000

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Annex on GBV Definitions:

The Five Types of GBV:

1: Sexual Violence
Rape and marital rape:
The invasion of any part of the body of the victim or of the perpetrator with a sexual organ, or of the anal or genital opening of the victim with any object or any other part of the body by force, coercion, taking advantage of a coercive environment, or against a person incapable of giving genuine consent (International Criminal Court).

Child sexual abuse, defilement and incest:
Any act where a child is used for sexual gratification. Any sexual relations/interaction with a child.

Forced sodomy/anal rape:
Forced/coerced anal intercourse, usually male-to-male or male-to-female.

Attempted rape or attempted forced sodomy/anal rape:
Attempted forced/coerced intercourse; no penetration.

Sexual abuse:
Actual or threatened physical intrusion of a sexual nature, including inappropriate touching, by force or under unequal or coercive conditions.

Sexual exploitation:
Any abuse of a position of vulnerability, differential power, or trust for sexual purposes; this includes profiting momentarily, socially or politically from the sexual exploitation of another; Sexual exploitation is one of the purposes of trafficking in persons (performing in a sexual manner, forced undressing and/or nakedness, coerced marriage, forced childbearing,
engagement in pornography or prostitution, sexual extortion for the granting of goods, services, assistance benefits, sexual slavery).

Forced prostitution (also referred to as sexual exploitation):
Forced/coerced sex trade in exchange for material resources, services and assistance, usually targeting highly vulnerable women or girls unable to meet basic human needs for themselves and/or their children.

Sexual harassment:
Any unwelcome, usually repeated and unreciprocated sexual advance, unsolicited sexual attention, demand for sexual access or favours, sexual innuendo or other verbal or physical conduct of a sexual nature, display or pornographic material, when it interferes with work, is made a condition of employment or creates an intimidating, hostile or offensive work environment.

Sexual violence as a weapon of war and torture:
Crimes against humanity of a sexual nature, including rape, sexual slavery, forced abortion or sterilisation or any other forms to prevent birth, forced pregnancy, forced delivery, and forced child rearing, among others. Sexual violence as a form of torture is defined as any act or threat of a sexual nature by which severe mental or physical pain or suffering is caused to obtain information, confession of punishment from the victim or third person, intimidate her or a third person or to destroy, in whole or in part, a national, ethnic, racial or religious group.

2: Physical Violence

Physical Assault:
Beating, punching, kicking, biting, burning, maiming or killing, with or without weapons; often in combinations with other forms of sexual and gender-based violence.

Trafficking, slavery:
Selling and/or trading in human beings for forced sexual activities, forced labour or services, slavery or practices similar to slaver, servitude or removal of organs.

3: Emotional and Psychological Violence

Abuse/Humiliation:
Non-sexual verbal abuse that is insulting, degrading, demeaning; compelling the victim/survivor to engage in humiliating acts, whether in public or private; denying basic expenses for family survival.

Confinement
Isolating a person from friends/family, restricting movements, deprivation of liberty or obstruction/restriction of the right to free movement.
4: Harmful Traditional Practices

Female genital mutilation (FGM):
Cutting of genital organs for non-medical reasons, usually done at a young age; ranges from partial or total cutting, removal of genitals stitching whether for cultural or non-therapeutic reasons; often undergone several times during life-time, i.e., after delivery or if a girl/woman has been victim of sexual assault.

Early marriage:
Arranged marriage under the age of legal consent (sexual intercourse in such relationships constitutes statutory rape, as the girls are not legally competent to agree to such unions).

Forced marriage:
Arranged marriage against the victim’s/survivor’s wishes, which is exposed to violent and/or abusive consequences if he/she refuses to comply.

Honour killing and maiming:
Maiming or murdering a woman or a girl as a punishment for acts considered inappropriate with regards to her gender, and which are believed to bring shame on the family or community (e.g. pouring acid on a young woman’s face as punishment for bringing shame to the family for attempting to marry someone not chosen by the family), or to preserve the honour of the family (i.e. as a redemption for an offence committed by a male member of the family).

Infanticide and/or neglect:
Killing, withholding food from, and/or neglecting female children because they are considered to be of less value in a society than male children.

Denial of education for girls or women:
Removing girls from school, prohibiting or obstructing access of girls and women to basic, technical, professional or scientific knowledge.

5: Socio-Economic Violence

Discrimination and/or denial of opportunities, services:
Exclusion, denial of access to education, health assistance or remunerated employment; denial of property rights.

Social exclusion/ostracism based on sexual orientation:
Denial of access to services or social benefits, prevention of the exercise and enjoyment of civil, social, economic, cultural and political rights, imposition of criminal penalties, discriminatory practices or physical and psychological harm and tolerance of discriminatory practices, public or private hostility to homosexuals, transsexuals or transvestites.

Obstructive legislative practice:
Prevention of the exercise and enjoyment of civil, social, economic, cultural and political rights by women.
Appendix-1: Individual Country Tables for Widows Estimates 2015

See notes at the end of Appendix-1 for explanations of elements of this table.

<table>
<thead>
<tr>
<th>Sub-Saharan Africa – 2015 Estimates</th>
<th>Number of Widows per Country in 2015 (estimates by Loomba Foundation)</th>
<th>Female Population in 2015 by marital status age range</th>
<th>Widows Age Range (marital status ages)</th>
<th>Percent of widows of females by marital age group</th>
<th>Date of data source for widows percent</th>
<th>Data source for widows</th>
</tr>
</thead>
<tbody>
<tr>
<td>Angola</td>
<td>650,335</td>
<td>7,651,000</td>
<td>10+</td>
<td>8.5%</td>
<td>2010</td>
<td>LF estimate</td>
</tr>
<tr>
<td>Benin</td>
<td>349,248</td>
<td>5,457,000</td>
<td>10+</td>
<td>6.4%</td>
<td>2013</td>
<td>census</td>
</tr>
<tr>
<td>Botswana</td>
<td>50,049</td>
<td>747,000</td>
<td>15+</td>
<td>6.7%</td>
<td>2011</td>
<td>census</td>
</tr>
<tr>
<td>Burkina Faso</td>
<td>531,495</td>
<td>5,715,000</td>
<td>12+</td>
<td>9.3%</td>
<td>2006</td>
<td>census</td>
</tr>
<tr>
<td>Burundi</td>
<td>297,351</td>
<td>3,671,000</td>
<td>10+</td>
<td>8.1%</td>
<td>2008</td>
<td>census</td>
</tr>
<tr>
<td>Cameroon</td>
<td>632,543</td>
<td>7,621,000</td>
<td>12+</td>
<td>8.3%</td>
<td>2005</td>
<td>census</td>
</tr>
<tr>
<td>Cape Verde</td>
<td>7,760</td>
<td>194,000</td>
<td>12+</td>
<td>4.0%</td>
<td>2010</td>
<td>census</td>
</tr>
<tr>
<td>Central African Republic</td>
<td>135,584</td>
<td>1,784,000</td>
<td>10+</td>
<td>7.6%</td>
<td>1988</td>
<td>census</td>
</tr>
<tr>
<td>Chad</td>
<td>385,293</td>
<td>3,107,200</td>
<td>18+</td>
<td>12.4%</td>
<td>2003</td>
<td>WHO WHS</td>
</tr>
<tr>
<td>Comoros</td>
<td>28,343</td>
<td>198,200</td>
<td>18+</td>
<td>14.3%</td>
<td>2003</td>
<td>WHO WHS</td>
</tr>
<tr>
<td>Congo, Dem. Rep.</td>
<td>2,083,435</td>
<td>24,511,000</td>
<td>10+</td>
<td>8.5%</td>
<td>2010</td>
<td>LF estimate</td>
</tr>
<tr>
<td>Congo, Republic of</td>
<td>82,198</td>
<td>1,208,800</td>
<td>18+</td>
<td>6.8%</td>
<td>2003</td>
<td>WHO WHS</td>
</tr>
<tr>
<td>Cote d'Ivoire</td>
<td>553,982</td>
<td>5,431,200</td>
<td>18+</td>
<td>10.2%</td>
<td>2003</td>
<td>WHO WHS</td>
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<tr>
<td>Djibouti</td>
<td>35,000</td>
<td>299,000</td>
<td>10+</td>
<td>11.7%</td>
<td>2002</td>
<td>PAPFAM survey</td>
</tr>
<tr>
<td>Equatorial Guinea</td>
<td>16,182</td>
<td>279,000</td>
<td>10+</td>
<td>5.8%</td>
<td>2002</td>
<td>census</td>
</tr>
<tr>
<td>Eritrea</td>
<td>200,345</td>
<td>2,357,000</td>
<td>10+</td>
<td>8.5%</td>
<td>2010</td>
<td>LF estimate</td>
</tr>
<tr>
<td>Ethiopia</td>
<td>2,560,680</td>
<td>35,565,000</td>
<td>10+</td>
<td>7.2%</td>
<td>2007</td>
<td>census</td>
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<tr>
<td>Gabon</td>
<td>50,720</td>
<td>634,000</td>
<td>10+</td>
<td>8.0%</td>
<td>1993</td>
<td>census</td>
</tr>
<tr>
<td>Gambia</td>
<td>23,590</td>
<td>674,000</td>
<td>10+</td>
<td>3.5%</td>
<td>2013</td>
<td>census</td>
</tr>
<tr>
<td>Country</td>
<td>Population</td>
<td>Under-5</td>
<td>Under-10</td>
<td>Under-15</td>
<td>Year</td>
<td>Source</td>
</tr>
<tr>
<td>------------------</td>
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<td>---------</td>
<td>----------</td>
<td>----------</td>
<td>------</td>
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</tr>
<tr>
<td>Ghana</td>
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### East Asia and Pacific – 2015 Estimates

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<th>Country</th>
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<th>Widows Age Range (marital status ages)</th>
<th>Percent of widows of marital age females</th>
<th>Date of data source for widows</th>
<th>Data source for widows</th>
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<td>Australia</td>
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<td>Age Group</td>
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<td>Year</td>
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<td>Number of Widows per Country in 2015 (estimates by Loomba Foundation)</td>
<td>Female Population in 2015 (follows marital status ages)</td>
<td>Widows Age Range (marital status ages)</td>
<td>Percent of widows of marital age females</td>
<td>Date of data source for widows percent</td>
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<td>Turkmenistan</td>
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### South Asia - 2015 Estimates

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<th>Country</th>
<th>Number of Widows per Country in 2015 (estimates by Loomba Foundation)</th>
<th>Female Population in 2015 (follows marital status ages)</th>
<th>Widows Age Range (marital status ages)</th>
<th>Percent of widows of marital age females</th>
<th>Date of data source for widows percent</th>
<th>Data source for widows</th>
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<td>census</td>
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<td>291,000</td>
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<td>504,973,000</td>
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### North America – 2015 Estimates

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<th>Number of Widows per Country in 2015 (estimates by Loomba Foundation)</th>
<th>Female Population in 2015 (follows marital status ages)</th>
<th>Widows Age Range (marital status ages)</th>
<th>Percent of widows of marital age females</th>
<th>Date of data source for widows percent</th>
<th>Data source for widows</th>
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<td>Number of Widows per Country in 2015 (estimates by Loomba Foundation)</td>
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<td>St. Kitts &amp; Nevis</td>
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<td>Female Population in 2015 (follows marital status ages)</td>
<td>Widows Age Range (marital status ages)</td>
<td>Percent of widows of marital age females</td>
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<td>Year</td>
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<td>18.2%</td>
<td>2011</td>
<td>census</td>
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<td>Luxembourg</td>
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<td>15+</td>
<td>10.7%</td>
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<td>Number of Widows - 2015</td>
<td>Number of Widows' Children (ages 0-17 &amp; adult/18+) - 2015</td>
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Appendix 1: widows estimate table notes:

1: LF estimate: this is an estimate of the percentage of widows of the female population of marital age produced by the Loomba Foundation (LF) for the 2010 report (hence the data date for the widows percentage is 2010) – note that in the 2010 report the abbreviation used for Loomba Foundation estimates was “Av” not LF. The LF estimate were produced when no data was available for a country from any source for the percentage of widows of the female marital age population; the LF estimates for each country missing data on the percentage of widows were produced by using a sample of up to five countries from the local region of a country missing data, the average percentage of widows for those five countries is calculated and applied to the country with the missing data; when the country with missing data is a conflict country, then a sample of conflict countries with similar conflict characteristics (insurgency, conventional war, conflict with famine, conflict with major population displacement, including combinations of these characteristics) is used to calculate the average percentage of widows of the marital age population for the country with this data missing.

2: In the 2010 Loomba Foundation global widows report, different terminology was used for Female Population in 2015 by marital status age range as shown in the table above for 2015; in the 2010 report, the term used was Corresponding female population. The Female population in
2015 by marital status age range refers to all females (girls and women) at and above a specified age range of marital status (10+, 12+, 13+, 14+, 15+, 16+ and 18+), this group covers all females by for the following categories: 1: Single, 2: Married, 3: Divorced; 4: Separated; 5: Widowed. Note that some countries use different categories specifications, however these FIVE are the essential marital status categories. Therefore, widows are a percentage of the total of this group of five categories. We do not use widows as a percentage of the total female population (0+ years) because it is assumed very few children under a certain age are married, and we do not use the whole country population (males and females) because this as well does not make sense for understanding trends in female circumstances in married life (marriage practices and how they affect the female population eligible for marriage).

3: The quality of the data on widows numbers has improved over the 2010 Loomba Foundation global report on widows: in the 2010, near exclusive use of a UN spreadsheet on marital status was used which did not have the latest data for some countries. In the 2015 report, each country has been checked individually for availability of the most recent data on widows (marital status data by country), checking the data in the UN social and economic database against individual country census websites, and when recent census data was not available, then checking by available surveys (population surveys, income and expenditure surveys, and social and economic surveys).

4: The population data (counts of population by age) for females was taken from the UN Population Division website, The 2012 Revision was used; population data on the UN Population Division website comes in five year intervals (cohorts), such as 0-4, 5-9, 10-14, 15-19 etc., so when a marital status age range did not conform to this five year data presentation, for example when marital age starts are 12+, and the entire population of females 12+ (twelve years of age and over) is needed, then the procedure was to divide the 10-14 age cohort of females from the UN Population Division data by five (because there are five years in each age cohort), which gives an average number per year, sum three years of the average per year (for ages 12, 13, and 14) and add this sum to sum of all ages 15+ to get the complete population of females age 12+ (the 12+ marital age range). For UN Population Division population data for females, go to: http://www.un.org/en/development/desa/population/ Select: Estimates and Projections. Select: Detailed Indicators. Select: Population by five year age group and sex. Select: Medium variant. Select year: 2015 (start and end). Select: country. Select: outputs type.

5: Individual country estimates for widows in extreme poverty are not available due to lack of appropriate data for many countries after 2010. Regional estimates used in this report are from World Bank’s World Development Indicators 2014, and ad hoc estimates using specific country data for North America and Europe and Russia. See the methodology notes in Appendix 3 of this report below for further details.

6: Individual country estimates for children of widows have not been calculated.
## Data Sources for the 2010 and 2015 Global Widows Reports:

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<th>Region</th>
<th>Census or other data source Year used in 2010 LF report</th>
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<th>Percent of widows in source data (census etc.) for 2010 LF report</th>
<th>Census or other data source Year used in 2015 LF report</th>
<th>Age Range of data used (census etc.) for 2015 LF report</th>
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Notes for table above:

1: Burundi census 2008 percentage for widows: Note that UN database data gives 8.1% but Burundi Census gives two numbers for the percentage of widows out of the female marital status population: 15.3% as widows in all provinces as percentage of marital status females and 8.1% when they give females by age group and marital status; still more confusingly, at the start of the marital status chapter in the 2008 Census report, they state the overall widowhood rate as 15.3%, then in Table A13 in the appendix refer to the 15.3% widows rate as the rate across all provinces. It is not clear at all why there is such a difference. These data are in the 2008 census publication: *RECENSEMENT GÉNÉRAL DE LA POPULATION ET DE L’HABITAT DU BURUNDI 2008 VOLUME 3: ANALYSE TOME 4*. 

201
2: Gulf Arab countries: Most of the Arab countries in the Persian Gulf have very large expatriate populations, some constitute more than half the size of the indigenous population. It therefore makes estimation and counting of widows a problem due to lack of detailed publishing of census results – detailed census results that are available for some Gulf Arab countries provide counts of the indigenous and expatriate populations. However, even when this detailed data is available, the next problem is making the 2015 estimate because the UN Population Division does not appear to provide population data for the indigenous population only, therefore the 2015 report has used the actual census or survey data for most recent year for each country or more recent year for which data could be accessed (sometimes the latest census data is not available due to slow publication of the data, or because the reports are of poor quality/are incomplete, these are issues affecting all groups of countries not just Gulf Arab countries). In the 2010 Loomba Foundation global widows report, the de facto population data for females was used which produced estimates of the number of widows that were biased downwards (they were too low); this can easily be seen because Arab countries in the Middle East that have not been at war have remarkable consistent percentage rates of widows (out of marital status population) ranging from six to just under seven percent. The 2010 global widows report produced estimates at around four percent for widows, these are not accurate for the reasons just stated above about expatriate and local populations. The need is to measure widows from the local population because the interest is in understanding marriage practices and trends of the local population, including expatriates in such large numbers clearly obscures the real picture. Notes by Gulf Arab country for actual data used in the 2015 global widows report: 1: Bahrain: this data captures only Bahrainis and not expats, there is a very large expat work force in Bahrain, but they do not stay in the country, so to get the real picture you must subtract expats from the population data to be used, note that the earlier 2010 Loomba Foundation estimate for Bahrain used expat and Bahrainis so the percentage of widows was very low; the 2015 report shows a widows percentage of 6.7%; 2: Kuwait: the data in the 2015 report is for local Kuwaiti population only, no expatriates; 3: Oman: Not confirmed, but the data used appears to be for the local Oman population only, not expatriates; 4: Qatar: the data used in the 2015 report is for local Qatari population only, no expatriates; 5: Saudi Arabia: not confirmed, but the data used in the 2015 appear to be for the local Saudi Arabian population only, no expatriates; 6: United Arab Emirates (UAE): UAE local population only, no expatriates.

3: Conflict countries: 1: the population of widows has certainly increased since the civil war in Syria began in 2011, however it is impossible to easily estimate the likely current number of widows because data by sex is not available; 2: for Iraq, there remains controversy of the number widows, the 1997 Iraq census percentage produces a widows estimate for 2015 of just over one million widows, while other estimates, now several years old, place the highest estimate at over eight million widows; 3: there is also likely to have been an increase in the number of widows in Libya as a result of the civil war to end the rule of Colonel Gaddafi and the subsequent post-Gaddafi civil war, data on widows for this period is not available; 4: similarly, there will have been a steady increase and more recent sharper increase in the number of widows in Yemen during
the previous period of a creeping civil war, and the current period of full scale civil war; 5: the South Sudan civil war will also be producing increased numbers of widows but it is too early to be able to even guess the possible numbers; 6: the Central African Republic (CAR) civil war, currently also ongoing, will also have produced increased numbers of widows, however once again, like South Sudan and the other conflict countries above, it is not possible to provide a good estimate the number in any way while the conflict is continuing as the number will be changing day by day. All of these conflict countries are at acute, full fighting stage of the conflict.

Appendix 2: Key Definitions

Widows: the definition of widows used in this report is from the standard definition used in country censuses around the world, which defines a widow as a woman (or girl) who is “Widowed and not remarried”. This is based on the official designation in national censuses, from which data on widows used in this report has been collected by the UN in a marital status database. The other logical possibilities for defining widows for measurement purposes is using the definition “Widowed and remarried” and “Ever widowed”. However this data has not been collected by individual countries in censuses, censuses only report the current marital status. As a result, the true scale of the widows issue with regard to well-being will be under-enumerated. Ideally, we would want to know remarriage rates of widows per country, since remarriage happens under different social and personal conditions per country and within countries. This is important, because for many countries, there is qualitative evidence that clearly suggests widespread remarriage of widows and a number of unsatisfactory issues they face in that context. Combining both definitions would create the category of “Ever widowed”. In addition, in the current study the term de facto widows is used to describe women, though officially unmarried, have lost a male partner, often with serious economic consequences and effects on their well-being and that of their children. Widows, in terms of their age range, and hence when a female can be married, covers the starting points of 10, 12, 13, 14, 15, and 16 years of age. For example, when reference is made in the text to the corresponding female population or group of females, it implies all females from one of these ages and above, the particular start age is set down by each country – the age they want to start collected data from for married females (and males). These age ranges clearly indicate that child marriage is practiced, and hence the existence of child widows also follows and has been documented by researchers and others. Note that the lowest age above, 10 years, is not the lowest actual age that child are married at, lower ages have been documented.

Corresponding women’s population: this is another name for the Female Population in 2015 by marital status age range, or, female marital status age range or population, this is the total number of women/females in a given marital status age range (10+, 12+, 13+, 14+, 15+, 16+, 18+) to which a comparison is made with respect to widows: the percentage of widows out of the corresponding women’s population (total population of women using any of the age ranges above as per national practice) is the key figure of interest.
Destitution: “Destitution refers to a total, or near complete absence of resources” (Spicker et al (2007: 51)) for a human being thereby making life effectively unlivable through lack of key minimum essential items of food, water, sanitation, and shelter. Destitution puts the individual at high risk of disease and other hazards (environmental and human). In certain contexts and natural environments, destitution can lead quickly to death.

Incidence of Widows: this term is used in the current study as an alternative term for the number of widows, and is also used to refer to the percentage of widows of the corresponding female population.

Female Population: refers to the group of females that correspond, by age group, to the widows population in a given country, region or the world. See the definition of widows above.

Total Female Population: refers to the actual total number of females for a given country, region or the world, hence starts at age zero years and is denoted in abbreviated form as 0+.

Extreme Poverty: is a measure of absolute poverty. Extreme Poverty was first put forward by the United Nations in the 1995 Report of the World Summit for Social Development; it defined it as: “a condition characterized by severe deprivation of basic human needs, including food, safe drinking water, sanitation facilities, health, shelter, education and information. It depends not only on income but also on access to services.” Later, The World Bank used the concept to develop an income or money based measure of extreme poverty which has become a widely cited measure, originally referred to in popular usage as “living on $1 dollar a day” which is not correct (the correct technical usage is “on less than one dollar a day”, because $1.25 is a “poverty line”, and poverty lines are defined as the minimum level of income considered adequate for living in a given country or context). In 2008 it was re-estimated to be $1.25 a day for 2005 prices. An individual is said to be living in extreme poverty if they are living on less than this amount. Alternatively it is referred to as the international poverty line, as it is the measure of income poverty that allows comparison of countries, due to the way it has been constructed. As such, it differs from individual countries’ poverty lines. Absolute poverty measures the minimum basic needs in food and non-food items per person. The World Bank (formal name: International Bank for Reconstruction and Development-IBRD) publishes extreme poverty results annually in its World Development Indicators (WDI) report, available online.

Moderate Poverty: moderate poverty is the $2 dollars a day internationally comparable poverty line produced by The World Bank. In some cases, for example for “transition countries” in cold climates, the moderate poverty level is $4 dollars a day because more resources are required to survive – literally stay alive – than in warm and hot climates.

Material Support: this refers government social services, covering provision of income support in particular (unemployment benefit and pensions), as well as free health care, free legal services, free primary and secondary education, subsidies or free housing, and emergency accommodation in the case of eviction.
PPP – Purchasing Power Parity: this deals with the purchasing power of a country’s currency correcting for the bias in the value of a currency at standard exchange rates. It removes this bias, so that someone with a $1,000 USD “going over to another country”, for example, a developing country with a weaker currency at markets rates, is actually facing the same cost of living as the locals. PPP is necessary in constructing the internationally comparable poverty lives used by the World Bank. See Haughton et al (2009: 186-188).

Count Data: refers literally to the number of times objects or individuals from a given category have been counted (enumerated).

Qualitative Data: a narrative account of events, either produced through observation or recounted by the individual involved in the events. This type of data has the advantage over quantitative data in being able to clearly demonstrate links between events. It is therefore able to identify processes, and points in time of changes, and the group of factors simultaneously involved in real time. Quantitative data can only measure outcomes and can only look for correlations in the absence of more complete information.

Under Five Child Mortality: is measured as the number of deaths out of 1000 live births, referred to as the probability of dying before the fifth birthday. The under-five child mortality rate is an extremely good measure of poverty and deprivation, as this age groups is particularly sensitive to lack of food, which is correlated with income, and with health care and water and sanitation services critically determine child survival for this age group.

Appendix 3: Overview of Data, Sources, and Methods of Analysis on Widows

The 2010 revised and 2015 data on widows in this Global Widows Report 2015 are estimates. The number of widows per country are calculated by taking the most recent data available (census and survey data) and using 2010 and 2015 women’s population data per country to calculate the 2010 and 2015 widows and child estimates. Abbreviations: “Av.” = average, is not an estimate based on census data for the respective county, it is instead an estimate done by the Loomba Foundation due to missing data for individual countries (no census or other data sources specific to that country available to calculate an estimate with); specifically “Av.” data calculated from an average of a cluster of countries (using most recent years available) with similar characteristics to the country missing the data; it is then used to estimate that country’s likely data value. “ND” = no data available, and refers to countries for which there is no population data (therefore no data on marital status has been collected, marital status data includes number of widows) on which to calculate a forecast of widows data for 2010 and 2015 (data is typically available from UN Population Division website and from other international agencies (e.g. the Demographic and Health Survey series sponsored by USAID and produced by ORC Macro International, Calverton, Maryland, USA) and from country government websites, and specialist sources such as IPUMS – Integrated Public Use Microdata Series, is based at the Minnesota Population Center, University of Minnesota, Minnesota, USA. On rare occasions no data can be found, which is typically the case only for very small states such as Pacific island republics and a
small number of other countries in the Caribbean and Sub-Saharan Africa). “ND” is used when there is no data available for a country. The marital status statistics category from which statistics on widows are collected are data age ranges: 10+, 12+, 13+, 14+, 15+, 16+, and 18+ refer to all individuals of the indicated age and over up to the highest aged living person for a given country. The age range is based on individual countries’ statistical departments’ data definition conventions, and in some cases directly reflect marriage practices (typically not official minimum marriage age laws), in the countries. Conversely, not all these lower age boundaries reflect actual practice, with many countries experiencing marriages of girls below all of these age ranges. Column of year dates in the individual widows country table is for date of census or survey or Loomba Foundation estimate of the percentage of widows per marital status age group of all females (for e given age range) used to calculate the number of widows. The widows percentage is listed in the individual widows country table. UN population data is from the UN Population Division, Population Prospects: The 2012 Revision, United Nations, New York, is used to calculate the estimates of widows using the census or survey data or Loomba Foundation estimate of the percentage of widows per country’s female population of marital age. UN Population Division data is also used to calculate the number of widows’ children per region using the regional Total Fertility Rates (TFR) which give the average number of children born to a woman over her reproductive years (TFR data is also found in the UN Population Division website). Sources of countries’ data with respect to widows’ poverty estimates for the 2015 Global Widows Report that have been prepared exclusively for this report are: World Bank’s World Development Indicators (WDIs) 2014, data on internally displaced people (IDPs) and refugees for estimation of extreme poverty in four Middle East and North Africa region countries of Iraq, Libya, Palestine, and Syria) for the year 2014 (data from UNHCR, not food security data was used solely for Palestine); for north America: Canadian food bank use data by percentage of total population was used and for the USA USDA Low Food Security Data for individual percentage of total country population were used as proxies for extreme poverty estimation, both for year 2013; for Pakistan, the Sustainable Development Policy Institute’s (SDPI) most recent poverty estimate was used in order to take into account the effects of three consecutive years of flooding of serious flooding (2010, 2011 and 2012) because the World Bank WDI 2014 estimate relies on pre-flood data (www.sdpi.org). WDI 2014 $2.00 a day poverty line was used for Russia and Central Asia countries due to higher minimum cost of basic needs for cold countries. South Asia extreme poverty was calculated using individual country data not the WDI 2014 Statistical Supplement regional forecast for 2015. Europe region minus Russia extreme poverty was calculated using the average of Canada and USA estimates of food security (see description of Canada and USA data above). Note that for the extreme poverty data used for 2010 in the 2015 Global Widows Report, the percentage rate of extreme poverty was calculated using the widows poverty numbers from the original 2010 report and numbers of widows; the resulting percentage rates for regional poverty were then applied to revised 2010 (UN Population Division 2012 Revision) data. Regions definitions used correspond to the definitions used in WDI 2014 Statistical Supplement. For the 2015 Global Widows Report is was not possible to calculate
moderate poverty because up to date and complete data tables on poverty for all or most countries was not available. Note that there are conflicting data estimates of the number of widows for the countries of Afghanistan and Iraq. In the case of Iraq, the number of widows varies dramatically, the data for Iraq in the table above uses the 1997 Iraq Census figure, which as of 2015 is likely to be an underestimate; several recent estimates exist for Iraq, from 740,000 up to 8.3 million (the latter is quoted by IRIN (Integrated Regional Information Networks, UN Office of Coordination of Humanitarian Affairs (OCHA)) in an online article as attributable to the Iraqi Ministry of Women’s Affairs. See: “Iraq: Widow numbers rise in wake of violence”, 26 April 2006, http://www.irinnews.org/Report.aspx?ReportId=26320 Note that the figure used above in the table for Iraq is Census data. In the case of the Afghanistan, no census has been done since 1979; the figure used in the table above, of two million widows, this is not a census or survey figure, but is an estimate often quoted in the media, see “Forgotten women turn Kabul into widows’ capital”, Sharmeen Obaid-Chinoy, The Independent, 17 May 2007, http://www.independent.co.uk/news/world/asia/forgotten-women-turn-kabul-into-widows-capital-449137.html None of these estimates appears to have any firm methodological basis.

On data for widows in poverty for the 2010 Global Widows Report of the Loomba Foundation, because there is no comprehensive direct quantitative data of widows deprivation and poverty at the country, regional and global levels, widows living standards are measured by proxy measures using existing data on poverty, specifically the World Bank extreme poverty and moderate poverty data ($1, $2 and $4 dollars a day measures; note $4 was used in the original 2010 Global Widows Report, for the 2015 report, data is not available for $4). This indirect measurement problem is quite a normal state of affairs in social science quantitative studies, particularly when measurement of overall impact at the country and global levels is required. See for example Minot and Baulch (2006: 9-35). Therefore readers should not be overly concerned by this issue (the use of inference from existing poverty data to calculate estimates of widows numbers in poverty). The standard approach to this type of data issue, as described by Prof. Paul Spicker, is to triangulate: a range of measures will be used, if possible: in the current case of widows, documented qualitative data that directly record given widows issues will be used to indicate what aspect specific to widows poverty the indirect quantitative data, on one or more variables, can be assumed (inferred) to be measuring. Where countries did not have World Bank $1, $2 or $4 dollar a day poverty data available, use was made of extrapolation from countries with similar characteristics as the countries missing data; in other cases, such as the United States, Canada and the Caribbean, poverty data was chosen that was felt to best fit the absolute poverty measure used by the World Bank: in the case of the United States, data on families facing regular food shortage was used, the measure being “Food-Insecure Households” which was 3.9 percent or 4.4 million households for “very low food security”, which constitutes 7.6 million adults and 3.2 million children; see Table 7. Prevalence of household-level food insecurity and very low food security by State average 2003-05”, from Household Food Security in the United States, 2005, Mask Nord, Margaret Andrews and Steven Carlson, Economic Research Report No. ERR-29, November 2006. Economic Research Service, US Department of Agriculture (USDA); for
Canada, the Fraser Institute’s Basic Needs Poverty Measure was used (data for 2004 put the poverty rate at 4.9 percent), this measure is described as partly an absolute and partly a relative measure (see Poverty in Canada: 2006 Update. Fraser Institute, November 2006), using food insecurity provided a rough absolute measure of poverty. For the Caribbean, the Caribbean Development Bank’s poverty data was used, using the closest measure of absolute poverty as the “indigent” measure, defined as those that are “very poor”, cited in Table 3.4 “Comparative Poverty Indicators”, in Caribbean Development Bank and Government of the Commonwealth of Dominica, Country Poverty Assessment. Final Report. Volume 1 of 2: Main Report. June 2003.

Where direct measurement is possible, is in the enumeration – the counting – of widows at the country and therefore global levels, including global regions. This was done using country census data. Note that some countries without country census data also had to have widows numbers inferred from countries with similar characteristics. However the vast majority of countries have census data on widows. The most recent census year was then used to calculate the percentage of widows of all females from the corresponded population of all females designated as of marriageable age for that census year; the percentage was then used with most recent population data on females for that age range to calculate an estimated current widows population for that country. Nevertheless, even has count estimates of widows, the country data on widows provided here is where the current report is of particular value, as it makes the overall picture of the widows issue visible in its complete form for the first time. The definition of widows used in this data and the one applying to the analysis in this report that follows below is “Widowed and Not Remarried”. This is distinct from “Widowed and Remarried”, data for which is unavailable; adding both categories of widows together would produce the category “Ever Widowed”, which would produce a larger total number of widows at global and country levels. The estimates included in this report are therefore, not only for this reason, to be considered minimum estimates of the number of widows. Another key reason is undercounting of widows. A final key definitional note is that the term “Widowed”, while typically understood in English to refer to a female, the term is also used by the Indian and United States’ censuses as a genderless term, under which they then specify “Widowed Male” and Widowed Female”. This has caused a number of examples of mis-quoting of total widows numbers in the case of India for 2001 Census data, where the figure of 44 million has mistakenly been applied to widows, when it in fact applies to both “Widowed Male” and Widowed Female”, hence the total of both sexes with a deceased spouse. In the current report, the conventional usage is maintained, where widow is female, and widower is male. This widows definitional error has been made by a wide range of individuals, including some well-known academic researchers with respect to the India census data on widows.

The most recent available years of census data, not available from individual country statistics website, has been taken from the United Nations Statistics Division. 2015. UN Data website. (For countries’ marital status census data for various years.) http://data.un.org/Data.aspx?d=POP&f=tableCode%3a23 (widows data appears under marital status) from the individual countries. Having the UN database does not mean that all census data
available are from the most recent censuses, as there is often a considerable lag in publishing census data for some countries after the data had been collected. Parts of this data have been published previously in specialist UN publications; they have covered older widows only in The World’s Women 2000: Trends and Statistics (UN 2000), while in The World’s Women 1995: Trends and Statistics (UN 1995), a global regional percentage summary, not individual country data, was published in table form for data for 1990 covering the percentage widowed (women) of all females aged 15 and over. The World’s Women is published every five years.

Where possible, gaps have been filled, either where more recent census data has become available since the UN compiled its widows’ database, or where alternative survey data has come to light. In a minority of cases, where no data is available for widows for a given country, widows’ population data has been estimated using countries with similar human development characteristics as explained above. The Loomba Foundation widows’ population data estimates for corresponding female population, also defined as females of marital status age (against which to use widows percentages from censuses to calculate widows numbers for 2010 and 2015), were produced by using the proportion of widows in the corresponding female population in each country (data for this was taken from the UN Population Division’s 2012 Revision; the 2010 report used the 2008 Revision).

The next issue concerns how best to measure widows’ poverty and deprivation as accurately as possible, given the issues outlined above. This will take in discussion of the choice of key variables related to women as indicators of women’s poverty and well-being and its relation to widows, together with what the widows’ numbers data we have actually shows (given that some of the data employed here is for the general women’s population), and how all of these can be related to the actual qualitative widows data to produce an accurate picture of the extent of widows’ deprivation. The same analysis will be extended to widows’ children using some of the same variables such as Child Mortality for Under Five Children and the child-specific variable of children’s economic activity. The general analytic framework (GAF) on widows deprivation has already been presented earlier at the beginning of this report, see Figure 4.1, the Widows Incidence Model, which includes a simple model which is useful for understanding, given the number of variables in the model that are relevant in a particular context, the potential magnitude, in an impressionistic or qualitative sense, of the likely number of widows (small, medium or large number of widows) and a sense of the relative seriousness of deprivation and rights violations they experience.

To begin with, while Widowed and Remarried widows are not guaranteed to be living either above the moderate or the extreme poverty lines, they are however, as a rule of thumb, more likely to be. This is because in many societies, notably those found outside most OECD countries, a woman’s economic support is typically determined in its entirety through marriage (this is one example of the use of qualitative indicators mentioned above to guide interpretation of the available quantitative data). Hence given the quantitative count data for (i.e. the number of) widows is that we have is available for the definition of “Widowed and Not Remarried”, it
provides a high degree of confidence that when measuring widows’ deprivation in developing countries, we are focusing on the group of widows who are much more likely to be living in poverty and deprivation, particularly extreme poverty, given the lack of adequate possibilities for living as single women. Hence, we have the right basic data on widows for poverty and deprivation measurement. We make this conclusion based in conjunction with the lack of social protection or welfare states in most developing countries, particularly those ranked under low human development in the UN’s Human Development Index. The opposite tendency will be true in many OECD countries, where comprehensive social protection in the form of welfare states in available, but with some notable exceptions such as the USA. At the minimum, these welfare states will avoid extreme poverty, but may not avoid moderate absolute and relative poverty.

Looking at variables of women’s human development, the core variables that relate closely to women in this regard are, 1) Child Mortality for Under Five Children (U5MR), 2) the Total Fertility Rate (TFR), 3) Adult Female Literacy (AFL), and 4) Female Life Expectancy (FLE). High values for the first and second, and low values for the third and fourth, are indicators of low female human development, (as well as indirect indicators of child well-being).

What do these variables show us? For 1) Under Five Child Mortality (U5MR) is considered a measure, not only of child well-being, but of mothers’ capacity, in terms of both skills/knowledge and resources, to provide for children and of the healthcare system’s quality; therefore a high U5MR is seen as a good measure of poverty and deprivation of women. The 2) TFR is the potential number of births (or children that would be born, not taking into account child mortality) that a woman will have on average, if she lives to the end of her child bearing years, and bears children according to culturally determined fertility rates for a given society. It is a good measure of the total “load” placed on women in terms of resources required for a family and in terms of women’s autonomy with regard to controlling fertility and the scope for roles outside the family household. The third, 3) Adult Female Literacy is a literal measure of skills and of empowerment. This is clearly a direct measure of adult female well-being, as 4) Female Life Expectancy, which is measured as life expectancy from birth, it therefore takes into account age specific mortality rates as they change through a person’s life cycle in a given society.

In terms of the data available for these variables to be used as indicators of widows poverty and deprivation, they apply to the total general adult female population measured as age 15 years and above. This is an important issue given that qualitative data on widows, meaning narrative accounts of widows’ day-to-day living situations, some of which have been included here, indicate increased intensity of poverty where an individual already experienced less severe poverty, or a shift into poverty from a previously adequate standard of living. What this suggests is that a higher proportion of widows may be living all types of poverty (moderate and extreme, for example, in poorer countries more widows will be in extreme poverty) than can be found in the general total population of women. What is being emphasised is that the measure of poverty for the general total population of women is the average measure of female poverty. Finally, the method of interpretation of these average measures is that the worse the value of the indicator,
the greater the probability of a widow, particular if remarriage is not possible, moving into poverty (contingent on other social norms, in particular with respect to women’s paid employment).

It is important to point out that so far, this is poverty measured in a broad sense, as is sometimes done, or is referred to alternatively as deprivation. The strict or orthodox definition of poverty is of absolute poverty, defined as failure to have access, (access for example through income), to the minimum necessary level of food consumption in terms of calories, together with minimum necessary non-food items (Haughton and Khandker 2009, ch. 3; Note that there are some confusing presentations of this measure, see “international poverty line” in Todaro and Smith (2009: 828)). The orthodox measure in the context of international poverty comparisons is the well-known, widely used and accepted, “$1 dollar a day” income measure of absolute poverty (originated at the World Summit for Social Development, Copenhagen 1995, and operationalised (i.e. specific measurement techniques and data requirements established) by The World Bank in 1999 who produces the poverty estimates; as indicated above, which has now been revised to $1.25 a day; it has been used as the measure of extreme poverty in the Millennium Development Goals, Goal 1). It is the international poverty line, interpreted in the following way: an individual living on less than a dollar a day is said to be experiencing extreme poverty. Less extreme or moderate poverty is measured as those living below $2 dollars a day. As indicated in the main text above, this money amount however does not apply universally, and an extreme poverty line of $2.15 and moderate line of $4.30 are applied to other parts of the world (parts of Eastern Europe, all Central Asia, Mongolia, and colder countries or with colder regions where the majority of the population lives, in South America, e.g. Bolivia, Chile, Ecuador and Argentina) with different requirements for attaining the same level of well-being measured by $1 and $2 dollar lines for extreme and moderate poverty. The OECD poverty estimates used in the 2010 Global Widows Report use the particular methodology for absolute poverty set out in the paper by Forster and D’Ercole, OECD (2005) and available online. In the case of the Caribbean, individual country poverty studies have been used to fill data gaps on poverty. In the case of Canada and USA, individual, non-standard measures of poverty have been used (food security for USA, Fraser Institute poverty measure was used for Canada); they were chosen because they gave a clearer understanding of absolute poverty than existing standard government measures.

The current report uses both absolute poverty measures to calculate the number of widows in poverty, noting the qualification that it is not broken down by gender by The World Bank, hence is an average across the entire population of a country. The advantage in using is that there are no other internationally comparable absolute poverty measures available, hence the widows’ poverty estimates presented below must be interpreted as a benchmark. There is currently no other internationally comparable poverty measure of this kind available for widows. It is worth noting that poverty measurement accuracy is assisted here by the use of the “Widowed and Not Remarried” definition for widows count data, as explained above.
Appendix 4: UN Population Division Region Definitions

The following country groupings by regions are from the UN Population Division website:

The least developed countries, as defined by the United Nations General Assembly in its resolutions (59/209, 59/210, 60/33, 62/97, 64/L.55, 67/L.43) included 49 countries in June 2013: 34 in Africa, 9 in Asia, 5 in Oceania and one in Latin America and the Caribbean. The group includes 49 countries - Afghanistan, Angola, Bangladesh, Benin, Bhutan, Burkina Faso, Burundi, Cambodia, Central African Republic, Chad, Comoros, Democratic Republic of the Congo, Djibouti, Equatorial Guinea, Eritrea, Ethiopia, Gambia, Guinea, Guinea-Bissau, Haiti, Kiribati, Lao People's Democratic Republic, Lesotho, Liberia, Madagascar, Malawi, Mali, Mauritania, Mozambique, Myanmar, Nepal, Niger, Rwanda, Samoa, São Tomé and Príncipe, Senegal, Sierra Leone, Solomon Islands, Somalia, South Sudan, Sudan, Timor-Leste, Togo, Tuvalu, Uganda, United Republic of Tanzania, Vanuatu, Yemen and Zambia. These countries are also included in the less developed regions.

More developed regions comprise Europe, Northern America, Australia/New Zealand and Japan.

Less developed regions comprise all regions of Africa, Asia (except Japan), Latin America and the Caribbean plus Melanesia, Micronesia and Polynesia.

Other less developed countries comprise the less developed regions excluding the least developed countries.

Note that for the regional country groupings produced by the Loomba Foundation, see the list of countries above for widows data, the regional groupings for the individual country lists were used for all Loomba Foundation 2015 and revised 2010 estimates with the exception of the extreme poverty estimates. For some of the extreme poverty estimates, World Bank World Development Indicators (WDIs) Statistical Supplement country groupings were used: specifically, the groupings with the corresponding extreme poverty data as defined by WDIs as Latin America and Caribbean, East Asia and Pacific, and Central Asia (note the WDI country group and extreme poverty data for Central Asia also includes Europe because the WDI groups Central Asia together with Europe; note also that the Europe data only covers Eastern Europe).

Appendix 5: Census and Survey Data Used for the 2015 Global Widows Report: Source List

Where a census report is not listed by name it means the census data for that country was accessed from the UN database (http://data.un.org/Data.aspx?d=POP&f=tableCode%3a23) under the marital status category (the UN data based stores census data from countries, i.e. these are not UN estimates). In some cases, the UN database (link as above) does not have the most recent census or survey data, in these special cases, either an alternative survey was sourced or the Loomba Foundation produced its own estimate based on the methodology
explained in the 2015 Global Widows Report.

This section on data sources of ordered by region as follows:

- Sub-Saharan Africa
- East Asia and Pacific
- Middle East and North Africa
- Central Asia
- South Asia
- North America
- Caribbean
- Central America
- South America
- Europe and Russia

**Sub-Saharan Africa:**

1: Angola:

Report used 2010 Loomba Foundation estimate using a group of countries with similar characteristics and taking the average (Av) widows across the the group of countries and applying it to the corresponding female population (age 10+) to calculate widows % of females age 10+. There is a new 2014 census underway for Angola but it has not been completed; the last census was in 1970.

2: Benin:

Benin 2002 census used (UN database); 2013 census data not ready yet.

3: Census 2011. Census document: Analytical Report. Document below (Analytical Report) has widows by % of population five year age cohort Table 3 page 232, Ch. 14 NUPTIALITY PATTERNS AND TRENDS IN BOTSWANA and has five year age cohort data for females also Table 3 page 6 3.2 Population Structure and composition, Ch 1 POPULATION DISTRIBUTION, STRUCTURE, DENSITY AND POLICY IMPLICATIONS IN BOTSWANA.


http://cns.bf/IMG/pdf/th_2_etat_et_structure_de_la_population_f.pdf

Note: the UN database as error for the number widows entered into the database for Burkina Faso. There are several countries with data entry errors for marital status data in the UN database.

Note: in the Burundi census 2008, there is conflicting data on widows numbers, there are two percentages used for the total of widows.


IREDA: Inventaire des Recensements et Enquetes Demographiques en Afrique and CEPED: Centre for Population and Development.

7: Cape Verde 2010 census.

Page 23 for Marital Status the table is completely blank for ESTADO CIVIL. Document is: Fonte: IVº RECENSEAMENTO GERAL DA POPULAÇÃO E HABITAÇÃO - CENSO 2010, Instituto Nacional de Estatistica de Cabo Verde.

Widows data is available in the Portugese language report:

Page 22 (tables are not numbered):


There was a 2003 Census but there is no trace of actual data on the internet, if you go to the CAR government statistics website there is no information, it may have been taken down due to the war, http://www.stat-centrafrique.com/

Last available census data is 1988 which was used in the 2010 LF widows report, we use it here again in the 2015 Loomba Foundation report.

9: Chad. World Health Organization (WHO) World Health Survey (WHS) 2003 for Chad.

There is a WHO World Health Survey (WHS) report for 2003 which has widows number total so we use that. See: Report of Chad (WHO).

http://www.who.int/healthinfo/survey/whstcd-chad.pdf

Census 2009 data not available.
http://www.who.int/healthinfo/survey/whscom-comoros.pdf
No 2003 census available, so using WHO WHS 2003 widows data.
Last census was 1984.
So we use average (Av) widows % of corresponding female age group calculated for 2010 LF report using the average across countries with similar characteristics. See methodology in 2015 Global Widows Report.
Using LF 2010 estimate for widow % because 2002 census cannot be found.
Using LF 2010 estimate for widow % because no new census since 1984.
14: Djibouti. 2002 PAPFAM Survey.
PAPFAM Pan-Arab Project for Family Health Survey: A survey programme implemented since 2000 by the League of Arab States. This data is also available from a separate UN Excel sheet:
There is a 2011 Census but the data is not ready yet.
The 2007 Population and Housing Census of Ethiopia was conducted under the auspices of the Population Census Commission.
Thus, the Office of the Population Census Commission is pleased to present the census report entitled “The 2007 Population and Housing Census of Ethiopia: Statistical Report at Country Level”

There is a WHO World Health Survey (WHS) report for 2003 which has widows number total so we use that. See: Report of Congo (WHO).

http://www.who.int/healthinfo/survey/whscog-congo.pdf

No 2007 census data accessible, so using WHO WHS 2003 for widows number.

17: Cote d'Ivoire. World Health Organization (WHO) World Health Survey (WHS) 2003 for Cote d'Ivoire.

There is a WHO World Health Survey (WHS) report for 2003 which has widows number total so we use that. See: Report of Cote d'Ivoire (WHO).

http://www.who.int/healthinfo/survey/whsciv-cotedivoire.pdf

There was a 2014 Census but the first results only started coming out in December 2014.


Cannot find 2003 census data. The 1993 census was used in the 2010 Loomba Foundation widows report. UN database has the 1993 census.


UN database has the 1993 census.

The 2013 census results are not ready yet.

20: Ghana 2010 Census.


Table 10: Population 12 years and older by sex, marital status and region p.31


There is 1996 census but data not accessible so use LF 2010 Av estimate for widows.


Census data not accessible.


There is a WHO World Health Survey (WHS) report for 2003 which has widows number total so
we use that. See: Report of Kenya (WHO).

http://www.who.int/healthinfo/survey/whsken-kenya.pdf

2009 Census Results for widowed females only are difficult to access.


UN database.


Source: Table 4.2, p. A4-69 Table 4.2: Distribution of Population Aged 10 Years and over by Marital Status, Age and Sex, Liberia 2008.


UN database.

This is the last census that the country did.


2008 Population and Housing Census Results, statistical tables, Household and Housing Characteristics.


ANALYSE DES RESULTATS DEFINITIFS. THEME 2. ETAT ET STRUCTURE DE LA POPULATION. 4ème RECENSEMENT GENERAL DE LA POPULATION ET DE L’HABITAT DU MALI (RGPH-2009).


UN database.
UN database.

Namibia 2011 Population and Housing Census Main Report, Namibia Statistics Agency

PRESENTATION DES RESULTATS PRELIMINAIRES DU QUATRIEME (4ième) RECENSEMENT GENERAL DE LA POPULATION ET DE L’HABITAT (RGP/H) 2012
REPUBLIQUE DU NIGER Fraternité - Travail - Progrès MINISTERE DES FINANCES INSTITUT NATIONAL DE LA STATISTIQUE Etablissement Public à Caractère Administratif Direction Générale

UN database.

The Fourth Rwanda Population and Housing Census (2012 RPHC)

Quadro 1: Repartição da população residente de 12 anos ou mais segundo sexo e grupos etários por estado civil + natureza de união (continuação...).

UN database.
2013 census is not accessible.

38: Seychelles. Seychelles Census 2010
Nupcialidade Quadro 1 Repartição da população residente de 12 anos ou mais segundo sexo e grupos etários por estado civil + natureza de união

2004 Census is the last census done, it is available from UN database.

UN database.


There was a Somalia "Socio- Economic Survey 2002" done which has widow data, which is used for the 2015 Global Widows Report.

UNFPA has done a population estimation survey in 2014, but marital status has not yet been calculated. Previous population estimate was 2005 or 2006 by UNDP, but it is no longer available on the internet.

41: South Africa. South Africa census 1996.

Widows data for most recent census not accessible.

UN database.

42: South Sudan. Sudan 2008 census (before independence of South Sudan)


N1- SUDAN, NORTH, AND SOUTH: POPULATION 12 YEARS AND OVER BY MARITAL STATUS, 5 YEAR AGE-GROUP AND SEX

43: Sudan. Sudan 2008 census


N1- SUDAN, NORTH, AND SOUTH: POPULATION 12 YEARS AND OVER BY MARITAL STATUS, 5 YEAR AGE-GROUP AND SEX

44: Swaziland. Swaziland Census 2007

UN database.

45: Tanzania. Tanzania Census 2012

p. 26 Tanzania Census 2012, National Bureau of Statistics

Ministry of Finance

Dar es Salaam and Office of Chief Government Statistician

Ministry of State, President’s Office, State

House and Good Governance

Zanzibar, April 2014. Basic Demographic and Socio-Economic Profile
Statistical Tables, Table 4.3: Female Population Aged 15 Years and Above by Five Year Age Groups and Marital Status; Tanzania, 2012 Census. http://www.nbs.go.tz/

46: Togo. Togo Census 2010

RGPH4 Recensement Général de la Population 2010, Republique Togolaise, Résultats définitifs détaillés, RGPH4-novembre 2010. Page 137, Tableau 2.3b : Répartition de la population résidente féminine de 12 ans ou plus selon l’état matrimonial et le groupe d’âges


UN database.

2014 census results not ready.


UN database.

There is a 2010 census but it is not accessible.


Page 20, Table 1.6: Percent Composition of the Female Population by Age Group and Marital Status, Zimbabwe 2012 Census

ZIMBABWE POPULATION CENSUS 2012, Population Census Office

East Asia and Pacific:

1: Australia, Australia census 2011.

Marital Status Data Table Link:

Access requires registering.


UN database.

2011 census not accessible.


UN database.
UN database.


6: Indonesia. Indonesia 2010 Census
Badan Pusat Statistik: Sensus Penduduk 2010 www.bps.go.id

UN database.

UN database.

UN database.

10: South Korea (Republic of Korea). South Korea census 2005.
UN database.

Notes: have to use the 2005 Census because the 2010 census results on South Korea census website do not provide data on widowed females.

11: Lao. Lao census 2005
UN database.
2005 is last census done.

12: Malaysia. Malaysia census 2010
UN database.

UN database.

UN database.
Notes: the 2014 census is still being processed; the last census was 1983.
2006 is last census done.
2005 is last census done.
No census data is accessible from the 2000 and 2011 censuses.
Marital Status 15+ from Table 52 p. 75 Census 2011 Report for Solomon Islands
http://www.spc.int/prism/solomons/index.php/sinso-documents?view=download&fileId=59
25: Taiwan. Taiwan census 2010.
Table 3 Resident population aged 15 years and over by age and marital status
UN database.
Tonga 2011 Census of Population and Housing, Volume 1, Basic Tables and Administrative Report, Statistics Department Tonga
http://www.spc.int/prism/tonga/index.php?option=com_advlisting&view=download&fileId=220
http://www.spc.int/prism/tonga/index.php?option=com_content&view=article&id=98&Itemid=310#reports
UN database.
2002 was last census done.
UN database.
UN database.
Middle East and North Africa:


Table: Population by Age Groups, Nationality and Sex - 2010 Census

UN database.
2006 was last census.

4: Iran. Iran census 2011.
IRAN STATISTICAL YEARBOOK 2012-2013. See p 147 for Marital status
https://www.amar.org.ir/Portals/1/yearbook/1391/2.pdf

UN database.

UN database.

UN database.
2004 was last census.

8: Kuwait. Kuwait census 2011.

UN database.

10: Libya. Libya census 2006.
UN database.
UN database.

UN database.
2010 census not accessible.

UN database.

Qatar Census General Results
http://www.qsa.gov.qa/QatarCensus/General_Results.aspx

UN database.

16: Syria. Syria 2009-10 Family Health Survey.
http://www.cbssyr.sy/family%20health/syrian/TAB-2-HealthSy.htm

UN database.
2004 is last census done.

18: Turkey. Turkey census 2011.
UN database.

Table 1: UAE Population By Marital Status, Age Groups, Six and Nationality 2005
United Arab Emirate National Bureau of Statistics

Pan-Arab Project for Family Health Survey: A survey programme implemented since 2000 by the League of Arab States.

Central Asia:


Table 2.1, p. 143 Population (urban, rural) by Age, Sex and Marital Status

THE RESULTS OF 2011 POPULATION CENSUS OF THE REPUBLIC OF ARMENIA (INDICATORS OF THE REPUBLIC OF ARMENIA)

RESULTS OF 2011 POPULATION CENSUS OF THE REPUBLIC OF ARMENIA

Publication date: Yerevan – 2013


1.17. Marital status by age groups, 2009


UN database.

2002 was last census done.


THE AGENCY ON STATISTICS OF THE REPUBLIC OF KAZAKHSTAN

www.stat.gov.kz/getImg?id=WC16200032376


Table 7, p. 61. Book I Main social and demographic characteristics of population and number of housing units

Population and Housing Census of the Kyrgyz Republic of 2009. National Statistical Committee of the Kyrgyz Republic
UN database.


UNPD_WMD_2008_MARITAL_STATUS  
Document name: Women and Men by Marital Status.
World Marriage Data 2008 (POP/DB/Marr/Rev2008)

Last census was 1995, not accessible.

UN database.

1989 was last census done.

**South Asia:**


Revised Loomba Foundation 2010 report estimate (revised estimate is 21.3% widows of female marital age population). See 2015 Global Widows Report for precise methodology of this estimate.

Last census was 1979 (only partial census).

UN database.

UN database.

4: India. India census 2011.
Marital census table. Sourced through contact because not readily accessible online.

Maldives Census 2006 Analytical Report p.66
Also: UN database.

UN database.

Last census was 1998.

Table A10. Census of Population and Housing 2012, Department of Census and Statistics
http://www.statistics.gov.lk/PopHouSat/CPH2011/Pages/Activities/Reports/FinalReport/Population/Table%20A10.pdf

**North America:**


2011 Census of Canada: Topic-based tabulations


2: United States of America (USA). USA census 2010.

Table 57. Marital Status of the Population by Sex and Age: 2010

Source: U.S. Census Bureau, "America’s Families and Living Arrangements: 2010, Table 1A. Marital Status of People 15 Years and Over, by Age, Sex, Personal Earnings, Race, and Hispanic Origin: 2010," and unpublished data.

http://www.census.gov/compendia/statab/cats/population-marital_status_and_living_arrangements.html

**Caribbean:**


Note: have to use 2001 census because 2011 census marital status by sex is not available; 2001 census data is from the UN database.

UN database.
UN database.

3: Barbados census 2010.

UN database.

UN database.
Note: main Dominica Census 2011 results are not available so used 2001 Census.

UN database.

Note: 2011 is the most recent census done but none of the results are available as of March 2015.
The 2001 census data below was found from the Grenada CEDAW report from 2010, Table 2 p. 45, for five year age groups by sex for 2001, and from the CARICOM Capacity Development Programme 2000 Round of Population and Housing Census Sub-project, National Census Report, Grenada (CARICOM Secretariat, 2009) Table 2.4, p. 12. Grenada census was not accessible from other sources.

Note: latest census is 2003 but the data is not accessible, UN only has 1982 census data.
It was necessary to combine data from 2006 Demographic and Health Survey (DHS), funded by USAID, for age up to 39, and then use UN data for ages 40 and above from 1996 (census or survey data not specified).
The 2006 DHS data is from:
The 1996 UN data is from:
Factfish GmbH
9: Jamaica Census 2011.

Table 4.1 p. 76 from above report for Marital Status section of report.


http://issuu.com/digjamaica/docs/1_pdfsam_general_report_census_2011


Women and Men in the Caribbean Community: Facts and Figures, 1998-2005
http://www.criti.info/sharing_the_vision/CARICOM%20Documents/CHAP1-POPFAM.pdf

Caribbean Community (CARICOM) Secretariat Statistics Sub-Programme February 2007


2010 Housing and Population Census, St. Lucia

CSO St.Lucia - Central Statistical Office, Government of St.Lucia
http://204.188.173.139:9090/stats/index.php/databases


2001 is the most recent census done.

13: Trinidad and Tobago. Trinidad and Tobago census 2011.

Data from: Table 3.1, p. 30. 2011 Population and Housing Census Demographic Report, Volume 1.

Central Statistical Office of Trinidad and Tobago (CSOTT), Trinidad and Tobago, Nov. 2012.

Census report was found on UNDP website, the TT website of the statistics office is very poor.
Central America:

Female Population 15 Years and Older by Five-year Age Group and Marital Status, Belize 2010
http://www.sib.org.bz/statistics/population

Cuadro 6. Costa RicaPoblación de 12 años y más por zona y sexo, según provincia, estado conyugal y grupos de edad.

UN database.

Caracteristicas de la Poblacion y de los Locales de Habitacion Censados, Table 8 p. 23 Estado Conyugal
Censos Nacionales XI de Poblacion y VI de Habitacion 2002, Instituto Nacional de Estadistica, Republica de Guatemala
2002 was last census done.

UN database.
2001 was last census done.

Población de 12 años y más
Consulta de: Población de 12 años y más Por: Sexo Según: Situación conyugal
FUENTE: INEGI. Censo de Población y Vivienda 2010.

UN database.
2005 is the last census done.
8: Panama. Panama Census 2010.
UN database.

**South America:**

Cuadro P25. Total del país. Población de 14 años y más por estado civil legal y convivencia en pareja, según sexo y grupo de edad. Año 2010

Censo Nacional de Poblacion y Vivienda Estado plurinacional de bolivia INE INSTITUTO NACIONAL DE ESTADISTICA
Data from online database:
Base de datos.
CEPAL/CELADE Redatam+SP 02/21/2015
Área Geográfica: Toda la Base de Datos
Crosstab: de Estado Civil; por Es mujer u hombre

3: Brazil. Brazil 2010 Census.
Censo Demográfico 2010: nupcialidade, fecundidade e migração
Instituto Brasileiro de Geografia e Estatística www.ibge.gov.br/english/

4: Chile. Chile 2002 Census.
The 2002 census was used because the 2012 census was reported as being a statistical failure (poor data collection).

UN database.
2005 is the last census done.
6: Ecuador. Ecuador 2010 Census
P. 22 of: http://www.ecuadorencifras.gob.ec/wp-content/descargas/Libros/Socioeconomico/Mujeres_y_Hombres_del_Ecuador_en_Cifras_III.pdf


Page 156, Table 9.1, 2002 census because 2012 census results not available for marital status: See Chapter 9, Marriage, Divorce and Cohabitation at:
http://www.statisticsguyana.gov.gy/census.html#popcenfinal
2012 was last census done, but not accessible.

UN database.
2002 is last census done.

UN database.

Tabel 2 Bevolking (15 jaar en ouder) naar burgerlijke staat en geslacht.
Suriname census 2012 report from:

Cuadro 9. Población de 12 años o más de edad, por situación conyugal, según área, sexo y grupo quinquenal de edades.
http://www.ine.gub.uy/censos2011/resultadosfinales/pais%20poblacion.html
Fuente: Instituto Nacional de Estadística (INE) - Censos 2011.

[Census 2011] XIV NATIONAL CENSUS POPULATION AND HOUSING. Results National Total of


**Europe and Russia:**


Albania main_results_population_and_housing_census_2011.pdf

2: Austria. Austria Census 2011. UN database.


5: Bosnia Herzegovina. Extrapolates from Croatia census 2011. Marital status not available yet for 2013 Census. So we use Croatia 2011 widows % as likely widows % for Bosnia since both countries have the same history since 1992.


8: Cyprus (Republic of). Cyprus census 2011. UN database.
UN database.
12: Finland. Finland census 2010.
https://ec.europa.eu/CensusHub2/intermediate.do?&method=forwardResult
UN database.
14: Germany. Germany census 2010.
UN database.
UN database.
UN database.
UN database.
UN database.
19: Italy. Italy Census 2011.
UN database.
UN database.
UN database.
UN database.

UN database.

This is the most recent census done – 2002. Macedonia is formally called The Former Yugoslav Republic of Macedonia (FYR).

Table 4, page 143 Census of Macedonia 2002. Т-03.01.4: Население по возраст и по пол, според пописите/ Т-03.01.4: Population according to age and sex, by censuses
http://www.stat.gov.mk/Publikacii/knigaIX.pdf

UN database.

2004 is last census done.
UN database.

UN database.
2011 census is not accessible.

UN database.

UN database.

30: Poland. Poland census 2011.
UN database.

UN database.

UN database.
33: Russia (Russian Federation) Census 2010.

UN database.


UN database.


UN database.


UN database.


UN database.


UN database.

39: Switzerland. Switzerland Census 2011.

UN database.


UN database.

This is last census done – 2001.


The UK does not provide all constituent countries in one census source, so the individual country data had to be sourced for Scotland, Northern Ireland, and England-Wales (England and Wales data are not separate, they make up the same data set). Data in most cases must be requested by email from the corresponding UK constituent country statistics office.

England & Wales: DC1107EW - Marital and civil partnership status by sex by age

Northern Ireland: Table CT0002NI: MARITAL AND CIVIL PARTNERSHIP STATUS BY AGE BY SEX

Scotland: Table DC1107SC - Marital and civil partnership status by sex by age. Scotland's Census 2011 - National Records of Scotland
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Immigration and Refugee Board of Canada. 2007. Afghanistan: Acquisition of widow status, both social and legal, when husband is missing or presumed dead; impact on a woman's status if a husband reappears after she has remarried; ability to divorce a first husband who has been missing for years (2003 - 2006), 2 March 2007, AFG101116.E, available at: http://www.unhcr.org/refworld/docid/469cd6b02.html Accessed 27 September 2009.


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