

Muslim Women's Grieving After the Death of Their Husbands in Ende District, East Nusa Tenggara

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ABSTRACT

This study aimed to describe the grieving process in women mourning for their husbands. This research uses a qualitative design with a phenomenological approach. The subjects consisted of three people, taken through purposive sampling technique with certain criteria. Data collection was carried out using in-depth interviews through interview guidelines made (semi-structured). At the initial stage, data reduction was carried out, then analyzing and presenting data and coding the interview transcripts. This study showed that the three respondents in this study had a positive view of their deceased husbands even though the loss was caused by different things. Their initial response after hearing the sad news was almost the same, namely shock and crying. After that, they tried to adjust and move on with their lives. Although they still feel a sense of longing, they are getting used to their new lives. Regarding the culture of remarriage, they are aware of it, but the subjects prefer to focus on the happiness of the children and let life go on over time.

INTRODUCTION

Marriage is a social bond and a legal agreement based on religion between a man and a woman to form a legal relationship, namely a husband-wife relationship that aims to form a family (Wulansari & Krisnatuti, 2023). Marriage is the longest act of worship in a lifetime. Building a family led by a man to create a harmonious and happy family. Husbands and wives interact with each other and have a role in maintaining marriage, which are divided into domestic roles, public roles, and social activity roles (Puspitawati, 2012). The domestic role is that husbands and wives carry out their roles in maintaining and caring for the family such as caring for children and preparing meals, usually this work is done by the wife. The public role is to seek income outside the home, which is usually done by the husband. However, the division of roles between husband and wife in marriage in Indonesia is still considered less balanced because it is influenced by gender roles and culture.

Patriarchal culture is considered a social system that places men as the main power holder and dominates in leadership roles in a power. Previous research has found that patriarchy is a social system prevailing in society that perpetuates male dominance over women (Sarif & Rajab, 2023). According to the traditional leader, patriarchal culture still exists and develops in the order of Indonesian society, one of which is in fostering households in Ende Regency, East Nusa Tenggara Province. This causes some of the women there to be less financially independent, so they also try to build and maintain household harmony for a long time. One of the causes of poverty in NTT is that women are not given a greater role in building the family economy. Everything is dominated by the husbands as the head of the household (Lien, 2022). Meanwhile, according to Islamic law, the men and women have the same position. Each has its duties and obligations and rights according to their proportions in Islam. According to the translation of QS. An-Nisa 4:34 that "The men are the leaders of the women, because Allah has preferred some of them (men) over others (women), and because



they (men) have spent some of their wealth". This can be interpreted as the authority and obligation of men to protect women. Getting care and protection is a privilege for women. Getting care and protection is a specialty for women.

Having a perfect partner who can live together until the end of life is a dream for many married people. In reality, one can be left behind by a spouse due to divorce or death. The death of a spouse is a difficult experience to go through for most people, especially if the deceased is the husband. This is in line with the statement expressed by [Santrock, \(2012\)](#) that loss can come in life in various forms, such as divorce, loss of work, death of pets, but there is no greater loss than the death of someone who is loved and cherished, such as parents, siblings, spouses, relatives or friends. This is due to the close relationship and dependence on each other. Support from husbands is essential for wives because husbands are people who have a higher closeness than other sources of support, so the support received will be more effective when compared to the support provided by strangers ([Cohen & Wills, 1985](#)). With the support of their husbands, wives will feel more satisfied with their lives and will increase productivity characterized by increased motivation, quality of reasoning, job satisfaction and reduce the impact of job stress, the creation of psychological well-being and self-adjustment, prevention of neuroticism and psychopathology and reduction of distress ([Johnson & Johnson, 1994](#); [Prasiska et al., 2024](#)).

Individuals who experience loss will be in a state of grief. Grief is an emotional response or reaction associated with loss. Griefing is an emotional reaction to loss and occurs along with loss either due to separation, divorce or death ([Aziz, 2009](#)), while the term bereavement is a state of grief that is shown as long as the individual goes through a reaction or mourning period. Grief is an emotional response that is expressed when someone experiences a loss which is then manifested in the form of feelings of sadness, anxiety, shortness of breath, insomnia, and so on ([Suseno, 2004](#)). Widowhood is one of the most emotionally challenging conditions that humans, especially women, may face. The death of a husband triggers the surviving spouse to cope with grief and emotional distress and redefine a social reality that reflects their new status as widows ([Utz et al., 2004](#)).

Glick, et al ([as cited in Lemme, 1995](#)) explain that the stages of grief are divided into three, namely: 1) The initial response stage, namely the first stage which begins when the death event occurs and during the funeral and other rituals in releasing the death of a loved one. Initial reactions at this stage include shock or experiencing feelings of disbelief, feeling numb, confused, feeling empty, and experiencing disorientation or not being able to determine direction, which is expressed through crying for a long period and at the same time the person left behind feeling scared and experiencing generalized anxiety; 2) The intermediate stage, namely the emergence of several new conditions which are a continuation of the reactions to previous conditions. Emotions that commonly occur at this stage include anger, guilt, longing, and feelings of loneliness by continuously repeating the story of how the death of a loved one occurred, wishing the event could have been prevented, and experiencing hallucinations (as if you see or hear the deceased); 3) The recovery stage is the stage where sleeping and eating patterns have returned to normal and the person left behind can begin to see the future, and can even start a new relationship. The grief process described above does not have to be passed sequentially and follows a straight line pattern, but varies in intensity, duration, and is not experienced by everyone ([Aderibigbe, 1994](#); [Apelian & Nesteruk, 2017](#)).

Each individual has different capacities and abilities in dealing with grief. The results of the pre-research survey have been conducted by researchers to Muslim widows in Raaweka Village, West Mautenda, Ende Regency who were left behind by their husbands. The researcher found that grief due to the death of a loved one in the culture of the area is carried out through meetings held almost every night by the bereaved wife, where she will mourn the departure of her spouse and tell about the goodness of her spouse while still alive to neighbors and relatives in the neighborhood. The customary chief of Raaweka Village revealed that when meeting with neighbors and relatives, wives left behind by their husbands often express their feelings of sadness. Almost every night they will feel alone, have no friends, daydream more, not focus when talking, and withdraw from the surrounding environment. On average, people in the village have quite complex problems when their spouse dies.

The experiences of Muslim widows in Ende Regency, East Nusa Tenggara Province, who mourn the death of their husbands, are an interesting phenomenon to study. The patriarchal paradigm is still inherent in the area, regardless of whether a marriage has ended or is still bound in marriage. The existence of a patriarchal culture means that the topic of discussion is more often focused on the widow status of women rather than the less problematic status of widower that men bear (Zhang et al., 2021). Women who are widows in patriarchal power are seen as; first, being a widow means that all their behavior is the concern of the community; second, being a widow who is also a woman means that she will be shackled in patriarchal injustice (Kessler & Essex, 1982; Shofi, 2022).

Widows do not have the soft skills to empower themselves with other knowledge and expertise. Widows do not have the opportunity to actualize themselves in the outside world because they are busy as housewives while their husbands are still alive (Rohinah & Anisah, 2021). This becomes a psychological pressure in itself, when women have to adapt to changing roles and situations after losing their partner (Herbst-Debby et al., 2021). In Islam, the fate of women who are widows is explained, such as the freedom to marry themselves if they remarry, to obtain inheritance rights (Halim K, 2014), the provisions and rights obtained when undergoing 'iddah (Ari & Aini, 2015). However, research shows that compared to men, women are more likely to remain widowed for a longer period of time (Sasson & Umberson, 2014). In the end, a society that still grows up with patriarchal culture forms an unbalanced picture of control, which takes away the widow's freedom as an independent individual.

This study will describe the grieving process of muslim women whose husbands died in Ende Regency, East Nusa Tenggara Province. Through this research, subjects can identify and share their experiences in dealing with the grief they experience upon the death of their husbands.

METHODS

This research is a qualitative research with a phenomenological approach. According to Smith & Osborn (2008), phenomenology pays attention to the way things appear to individuals in their experiences and focuses on how people perceive and talk about objects and events. The research was conducted in Rewarangga Selatan Village, Ende Regency, East Nusa Tenggara with three widows whose husbands had died. The researcher used purposive sampling technique for the selection of respondents by applying several criteria, namely: a) Female, b) Married and left behind by her spouse, c) Can communicate well and active or does not experience communication problems such as difficulty speaking, d) Resides in Ende district, East Nusa Tenggara, e) Willing to be a participant. In addition to the main respondents, researchers also dug up information from important people, namely local customary leaders at the research location to find out more about the culture of marriage and customs that apply in the community in responding to the death of the closest person.

The data collection method used was the semi-structured interview method. The purpose of using semi-structured interviews is so that respondents can provide a more comprehensive picture. Qualitative data analysis was carried out by creating codes, categories, and data concepts. One of the examples of a question on the interview guide was "What are the different roles or responsibilities experienced after the death of your partner?"

According to Miles, et.al. (2014), there are three types of activities in data analysis namely data reduction, data display, and conclusions. Data reduction means summarizing, selecting the main things, focusing on the important things, looking for themes and patterns and discarding those considered unnecessary. This means that the data that has been reduced will provide a clearer picture, and makes it easier for researchers to carry out subsequent data collection, and search again if necessary. Data reduction can also be carried out with electronic tools by providing certain aspects to facilitate the data reduction process. Data display is the stage after data reduction, namely forming descriptions, charts, relationships between categories and the like. The data display aims to simplify and understand what happened, which in this research related to the subjects' grieving process. The

third is the conclusion, namely the researcher draws conclusions by identifying patterns obtained from the three subjects by combining all field findings.

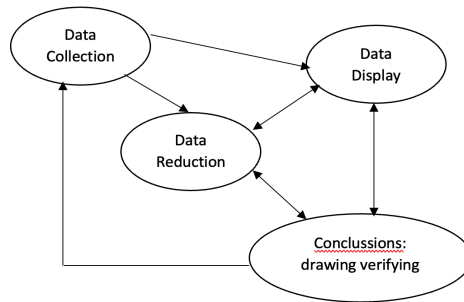


Figure 1. Data Analysis Process

According to Creswell (2008), the way to code data analysis is (1) Look for the overall meaning, choose the most important and briefest. (2) Ask what the data conveys and look for the meaning contained in the information. (3) Make notes on each statement, coding can also be done by choosing topics according to the setting and context, participant perspective, participant way of thinking, processes, activities, strategies, relationships and social structure. (4) After coding, continue by making a list of the codes that have been created, by separating the codes that have the same meaning, eliminate redundant ones, the coding will become smaller and smaller or conical which will form themes/patterns. The function of the code is to create the main idea. (5) Determine five to seven themes/patterns, there are several types of themes, there are common themes, namely themes that have been predicted by researchers. There were themes beyond previous expectations, namely those that emerged during data analysis/when the research was made and there were also themes that were difficult to classify.

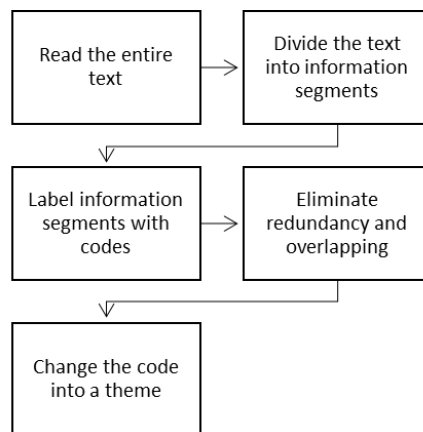


Figure 2. Analysis Process (Coding Model Process)

RESULTS AND DISCUSSION

The research was conducted on three widows who have been married for more than 1 year with a partner so that they have a strong relationship. The following is a description of the identity of the respondents in this study:

Table 1. Identity of Research Respondents

Subject initials	Age	Length of marriage	Time period of husband's death
KY	38	11 year	1 year 5 months
BR	49	7 year	7 year
BG	50	15 year	11 year

All three respondents had a positive view of their late husband. Subject BG perceived her husband as a good husband, who likes to be at home (will not leave the house if there is nothing important), responsible, likes to help in domestic household affairs such as cooking, cleaning the house, loving and caring. Slightly different from subject BG, Subject BR had a poor relationship and communication with her late husband. This was because from the beginning of the marriage until the next few years BR's late husband moved to another city to work:

”Because the economy of my family was unfavourable, my husband eventually moved to another city to work, and we rarely met, plus the fact that my husband's family often provoked and made me angry, until at one point I wanted to leave the house and asked for a divorce”

Although BR's late husband tend to have high emotions, she still portrayed him as a diligent, kind figure, accepting whatever his wife cooked, happy to socialize and helpful. Subject KY said that during her marriage with her late husband, conflicts often arose in the house due to uncertain economic conditions. KY's late husband did not have a permanent job, while KY also did not work. Not to mention the burden of traditional events requires the need to spend a lot of money every week or month. Usually KY and her late husband would discuss and resolve it together even though they often argued first. Even so, KY considered her late husband to be a hard worker, loyal, loving, and always kept promises to fulfill her family's wishes. KY considered her late husband to be the best person in her life.

The cause of death of each respondent's husband was different. The death of BG's late husband occurred suddenly due to a diagnosis of asthma. Meanwhile, the death of BR's late husband was caused by itching and a lump under the stomach that had been suffered for a long time coupled with non-compliance in taking medicine and a history of active smoking. On the other hand, the death of KY's late husband was caused by being sick after working away from home and having an uncontrolled diet until he was diagnosed with sugar complications for a long time.

The initial response after receiving the sad news was similar for all three respondents. Although KY's late husband had been sick for a long time, KY still felt very surprised and in denial, which was expressed by crying hysterically and shouting when her husband was declared dead by the doctor. After crying and calling her children, KY just sat like a confused person because she still could not believe what had just happened. KY felt weak and lost her appetite because she kept thinking about her husband. This condition lasted for three days and affected her health. KY's weight dropped from 45 kg to 39 kg. Since then KY also found it difficult to sleep, thinking about her debt and her young children.

During the first week of her husband's departure, KY felt as if he was only gone temporarily, working out of town and would return home. KY still felt very lost. KY occasionally seemed to hear her late husband's voice and smelled his scent when she entered the room. Likewise, at night before going to bed, she still imagined her husband lying next to her and talking, as the nightly routine they always do before going to bed. In addition, at night when she was alone, KY often thought about her fate without a husband as a figure who protects and looks after her and the children. This sometimes made her stressed. KY also had to adapt from usually only doing housewife work, now she also had to make a living for daily meals, children's needs, school needs and paying debts. Sometimes KY felt like a crazy person, sitting alone, crying until her head and neck hurt because she was unable to withstand the burden of feelings and thoughts.

KY went through phases of eating and sleeping patterns until it returned to normal in about 3 months. Although initially KY felt very heavy and burdened in carrying out her work, but now she was getting used to it. Currently KY said that she has a desire to get married, but there are many considerations, especially children and the bad stigma of the surrounding community there about widows who remarry. Then the views of the husband's family who consider that when a woman has been proposed to and given *belis* (offering money when getting married), she must be willing to devote herself to the family. In addition, the woman also felt burdened to remarry, because she would leave her deceased husband's family because she felt that the husband's family was like her own

family. KY also still lives with the husband's mother (mother-in-law) until now so she still feels bad about leaving her to remarry a new person.

The grieving process that BG went through began with a feeling of disbelief, shock and crying because her husband died suddenly. The event that BG was most afraid of was at night when she was afraid to go into the bedroom where she and her late husband always shared stories every time they went to sleep. Even just looking at the door or seeing the bed and clothes of the deceased made BG cry and remember her husband when he was alive. This made her unable to sleep until the morning. BG had to temporarily move to another bed so that she could rest and reduce the sadness she felt throughout the night. This lasted for a long time, almost a month. In the following week BG still had no appetite, became quiet and then cried, often woke up in the middle of the night and felt as if her husband was still beside her at night before going to bed.

More than two months after her husband died, BG had begun to return to her usual activities, starting to teach again at school because she also worked as a teacher, she also forced to resume her obligations. She realized that she had a responsibility as an educator to return to work as usual. Besides that, she also tried her luck to sell cakes and ice at school as an additional income to meet her daily needs. BG's closeness to her late husband made BG still remember the memories of when her late husband was still alive so that the sudden death took enough time for BG to finish her grieving.

In contrast to the grieving process that BG went through, BR thought about who would feed the children in the first week after her husband's death. At the time of her husband's death, BR was working in Malaysia and her employer did not allow her to return to Indonesia. She locked herself in her room and cried all day, she was angry at the employer who employed her. She shouted and cursed and blamed her employer for not allowing her to return to Indonesia since she got the news that her husband was sick. For almost two weeks she did not want to eat and did not want to leave the room. She also did not want to talk to her employer for almost a week, she asked to go home because she felt sad and could not focus on work. However, her employer was adamant about not letting BR go until her contract was over. The days BR spent in Malaysia continued to carry out work activities as usual with the memory of her late husband which immediately made her cry. During the period of 40 days of not being allowed to go home to her family, BR felt dizzy, had no appetite, cried, was angry with her employer, and had suicidal thoughts. The presence of good friends who provided emotional support made BR a little calmer. Although BR worked abroad, she always communicated with her children. In living her life in Malaysia, she often shed tears when completing her work. Occasionally, she still cries when she remembers her late husband. She learned to accept her condition alone to let her husband die. Two years after returning from Malaysia, BR went to her husband's funeral and cried. The days at home made BR remember her late husband, about his favorite food and the liveliness of her late husband in repairing damaged parts of the house.

The grieving process that BR went through started from the initial response in the form of shock and crying, followed by the intermediate stage in the form of thoughts related to who will provide for the children. At the recovery stage, BG has started to return to work activities as usual, even with the memory of her late husband in her mind. BR has begun to make peace with the situation and received advice from a good friend at work to keep thinking positively. BR moved back to Jakarta and found another man as a result of the stress she felt. Three to 4 years after moving back to Jakarta, BR worked as a cake seller to fulfill her economic needs. BR's lack of closeness with her late husband made her go through grief faster. The existence of children and future plans also changed BR's grief.

The view of marriage according to traditional leaders includes that marriage is something sacred and full of struggle because the wedding ceremony in Ende requires the male's family to pay *belis* to the female's family. *Belis* is a gift of money or animals from the male's family given to the parents of the bride-to-be so it takes a struggle to be able to fulfill the *Belis*. Maintaining marriage and making the family grow happily and prosperously is everyone's dream. However, in the end, this is not the case if the household journey has to end because of the death of one's spouse to face the Creator. According to local customary leaders, a second marriage for a woman whose husband has died is actually allowed, but there must be a family discussion with the family of the previous

husband. There is no prohibition on remarriage for women whose husbands have died. However, in the past, if this happened there were some families who gave jewelry as a substitute for the *Belis* that had been given by the former husband, although the value was different. This was given as a token of gratitude and appreciation.

Furthermore, the customary leader also confirmed that the stigma conveyed by the subjects above regarding women who remarry are considered unfaithful to their late husbands was justified by him. Things like this that sometimes undermine the real values of custom. Events like this have grown widely in the community. Although some of them still remarry, they must be mentally prepared to face remarks that should not be heard.

This study showed that the death of a husband causes great impact a wife's daily life. This is in line with what Cupit et al. (2022) said that individuals who feel close to the person who died will be greatly affected by the death in various aspects of their lives. Widow(er)s must cope with practical challenges such as living alone or managing the household tasks previously carried out by their spouse (restoration-oriented), and the emotional distress associated with the death (loss-oriented) (Stroebe et al., 2005).

The results of this study indicated that the initial response shortly after learning that the husband died include shock, disbelief, sadness, anger, feeling helpless and losing motivation. This finding is in accordance with the theory of Glick, et al (as cited in Lemme, 1995) which states that in the initial response stage, individuals who are left behind will feel shock, fear, sadness and so on when the death happens and the funeral period occurs. After a few days to weeks, the respondents still felt the presence of her husband, could smell him, and imagined her husband sleeping next to her, making them unable to sleep well. This is in line with the theory of Glick, et al. (as cited in Lemme, 1995) which states that in the intermediate stage the individual left behind will feel the presence of the late loved one and experience hallucinations (as if seeing or hearing the deceased).

At the recovery stage, each of the respondents had their own reasons for getting up and having to accept their husband's departure. Although it was very difficult, the three respondents were able to let go of their husband's death and felt the need to continue their respective lives even though the head of the family was no longer by their side. The figure of the child was the main reason the three respondents tried to get up and continued their lives. Eating and sleeping patterns and daily activities that were previously disrupted gradually improved at this stage. Respondents chose to focus on raising their children and keep themselves busy with work so that sadness did not overwhelm them. These things above are in line with the theory of Glick, et al., (as cited in Lemme, 1995) which states that at this stage sleep and eating patterns have returned to normal, individuals who are left behind can acknowledge the loss that occurred, try to go through emotional chaos, and adjust to the environment without the presence of the person who has passed away. Women who loss their spouse often experience deep grief, causing a prolonged stress response.

According to the research conducted by Sari & Wardhana (2015), there are challenges or problems that arise in individuals or women after the death of a partner, namely a decrease in physical condition, an unfavorable societal stigma about a widow, the need for a partner figure, financial problems, and their responsibility in taking care of children alone. They must cope with practical challenges such as living alone or managing the household tasks previously carried out by their spouse (restoration-oriented), and the emotional distress associated with the death (loss-oriented) (Stroebe et al., 2005). Given the number of stressors surrounding widowhood, the coping strategies used may be highly consequential for widow's mental health.

Coping behavior can also be said to be a transaction carried out by individuals to overcome various demands (internal and external) as something that burdens and disrupts their survival (Maryam, 2017). Researchers have identified two strategies for coping with stress, namely problem-focused coping (PFC) and emotion-focused coping (EFC). PFC attempts to change or eliminate stressful situations by resolving conflicts; it includes efforts directed at acquiring resources (e.g., skills, tools, and knowledge) to help deal with the underlying problem. This can improve mental health, foster self-control, efficacy, and achievement (Folkman & Moskowitz, 2004). However, in

irreversible situations, managing emotional reactions with emotion-focused coping may be a more protective strategy. Emotion-focused coping (EFC) are aimed to modify emotional function without making efforts to change the stressor directly, which includes avoidance strategies such as denial, seeking emotional support, and trying to think positively (Nielsen & Knardahl, 2014).

All coping strategies carried out by respondents in adapting and overcoming changes after the death of their husbands showed adaptive results. Respondents used various coping strategies such as problem-focused coping (PFC), emotion-focused coping (EFC) and religious & spiritual coping simultaneously or in turns. Respondents used more emotion-focused coping (EFC) in the early days after their husband's death. Women who loss their spouse tend to seek social support, and use EFC tactics such as distracting themselves, releasing their feelings, or praying (Carr, 2020; Matud, 2004). The form of respondents' efforts in carrying out emotion-focused coping includes denial by denying that her husband is not dead, expressing emotions of sadness, anger, and loneliness by crying and screaming, and sharing feelings with the closest people (children, friends, and family). The efforts made by individuals to seek emotional support from the closest people appear to be in line with research from Apelian & Nesteruk (2017), which explains that these efforts are made to prevent participants from isolating themselves from the environment. Denial behavior over the death of a husband is a way for respondents to protect themselves from deep pain. This is in line with what was revealed by Kubler Ross (as cited in Santrock, 2012), that denial is a natural thing experienced by someone as an overflow of emotions due to a death event.

In addition to focusing on emotions, the three respondents also used problem focused coping (PFC). Efforts made by participants in solving problems directly include focusing on caring for children, finding new jobs, and planning for the future. This is similar to that expressed by Kavanaugh (as cited in Aiken, 1994)) where in the final stage of the grieving process is rebuilding, where individuals consciously rise from their grieving process and this is supported by their surrounding environment such as friends, family, and professional help such as psychologists. Problem-focused coping is positively and significantly related to positive effect during a time of long-term stress (Folkman & Moskowitz, 2004).

The results of this research also found that religious and spiritual coping also helped one of the respondents in dealing with difficult situations after the death of her husband. Religious coping is a means of seeking comfort, support, and/or guidance from God either in organized religious rituals, or in more informal options through one's own spirituality (Bryan et al., 2016). Respondents' coping such as trying to pray five times, dhikr, praying for their late husband when suddenly remembering his figure, and getting closer to Allah SWT. This is in line with what Gall & Guirguis-Younger (2012) said that religious and spiritual factors can provide a framework to help individuals interpret stressors. Furthermore, research shows that religious beliefs create meaning in life and understanding that helps a person to overcome grief (Neimeyer, 2005). Faith or belief in God can also help individuals accept and reduce feelings of anger and injustice, especially older adults to regulate their negative emotions (Davis et al., 2000).

In addition to the description of the grieving process experienced by the three respondents as described above, there are several factors that influence the individual grieving process. The main factor that helped the respondents get through the grieving period was the support from many parties after the husband's departure. Social support can prevent the negative influence of events that can cause stress (Cohen & Wills, 1985). In addition, Shapiro (as cited in Suseno, 2004) states that the duration of grief depends on many factors, one of which is psychological preparation for the loss. Each subject has a different experience in her husband's death so that the psychological preparation of the three subjects is also different. Respondents who already had a job before their husband died were easier to rise psychologically and financially compared to respondents who did not work.

CONCLUSION

The description of the grieving process in women whose spouses died in Ende Regency, East Nusa Tenggara Province is divided into three stages. The initial response stage occurs shortly after

learning that the husband died, such as feelings of shock, disbelief, sadness, anger, feeling helpless and losing motivation. The next stage occurs a few days to weeks after the departure of the spouse, such as still feeling the presence of the husband, being able to smell him, and imagining her husband sleeping next to her so that the respondent cannot sleep well. The third stage is the recovery stage, which is characterized by feelings of sincerity and a willingness to continue their respective lives. The duration experienced by each individual in each stage of grief varies depending on coping strategies, social support, local culture, and psychological preparation for the loss.

The advice given to women who have lost a spouse in Ende Regency, East Nusa Tenggara Province is the importance of getting strong emotional support from family, friends, or professionals to help them through the grieving process. In addition, understanding and planning for the future needs to be considered such as how to survive economically and adapt to the role of breadwinner in the family. Planning constructive steps for the future can help in the healing process. The culture that stigmatizes women who remarry needs to end and society should provide moral support for whatever decisions women who have lost a spouse make regarding their personal lives.

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