



## Mental health among widowed women in northern India

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### Abstract

Losing one's spouse provokes important life changes and these changes are known to have profound effects on well-being of the widow/widower. Widowhood often is accompanied by emotional distress, compromised health behaviors, possibility of inconvenient residential relocations and economic strains triggered by both the direct costs of medical care and end of income (in case of a head of family/working spouse). Even in the present scenario in India, where considerable modernization; technological development has taken place on one hand there competition and the problems of widows have increased on the other. This probably leads to extreme frustration amongst them, resulting in stress, anxiety and other forms of maladaptive behaviors if their pattern of reactions to these situations is not appropriate. It is seen that lower levels of loneliness are found in marriages of highly educated individuals and individuals having high income. Whereas higher levels of loneliness are observed with individuals living alone, in less contact with friends and family, having physical health symptoms, small social network, poor quality social relationships, divorce and widowhood.

**Keywords:** mental health, working/non-working widows

### Introduction

The term 'Widow' itself is stigmatized in our Indian society. A woman if losses her spouse to death, not only undergoes excessive trauma but also faces severe taunts of the society. Thus, widows in our society don't only suffer socially and economically rather they do face various psychological consequences like loneliness and are found emotionally disturbed and imbalanced mainly in deprivation cases. (Scannell, 2003 <sup>[1]</sup>; Stroebe *et al.*, 2001 <sup>[2]</sup>; Charlton *et al.*, 2001 <sup>[3]</sup>; Chen, 2000 <sup>[4]</sup>; United Nations, 2001, 2002 <sup>[5]</sup>; Mohindra, 2009 <sup>[6]</sup>; Mehta *et al.*, 2006 <sup>[7]</sup>).

With so much advancement in the living standards of people around the world, the conditions of widowers and widows are deplorable. At times, the family also instead of supporting her in this phase of life is rather against her. Omens are associated with her. She is not given the same love, respect and affection that she once received while her husband was alive. According to Stroebe *et al.*, 2001 <sup>[2]</sup>, to lose a spouse later in life leaves a profound effect on the person's well-being and also this event changes life in an important way. One of the great concerns is that 41.6 widows in India still live in extreme poverty (United Nations, 2001, 2002 <sup>[5]</sup>, Loomba foundation, 2011 <sup>[8]</sup>).

Remarriage is the exception rather than the rule; only about 10 per cent of widows marry again." (Chen, 2000 <sup>[4]</sup>). Thus, widows who are forbidden from remarrying not only undergo mental trauma but also suffer financially. As there are women in India who still aren't that educated, not capable of earning their livelihood after losing their spouse. Not only this, many widows are thrown out of their own houses by their relatives in context of inheritance and land disputes. Also because of being not well educated and as a

result unable to support themselves and their children, they often end up losing their physical and mental stability. No doubt, out of stressful life events widowhood is considered the most stressful and it is a life transition that requires more psychological and behavioral adjustment. (Barrett & Schneeweis, 1980 – 1981 <sup>[9]</sup>; Gallagher, Thompson, & Peterson, 1982 –1983 <sup>[10]</sup>; Holmes & Rahe, 1967 <sup>[11]</sup>; Thompson, Breckenridge, Gallagher, & Peterson, 1984 <sup>[12]</sup>). Till date, the prime focus of bereavement studies have been on the emotional and psychological responses to widowhood (Stroebe, Hansson, Stroebe, & Schut, 2001 <sup>[2]</sup>). Widowhood is often accompanied by physical symptoms, emotional distress, economic strains, possible inconvenient residential relocations and compromised health behaviors. In a study conducted by Khorana (1989) 66.9% widows developed heart disease. It is found that women-without-men are more or less prone to depression this is a form of mental illness which remains mostly invisible due to lack of adequate knowledge of its symptoms on the part of the individual and to be more specific, the tendency of scarifying their health among women for their family members.

### Objective

- The main objective of the study is to compare the Mental Health of working and non-working widows.

### Method

#### Sample

The sample of the study consisted of 41 working widows and 45 non-working widows, selected from the city of Aligarh. Sampling technique used was snowball method of sampling. Age group of the sample ranged from 20-50 years.

## Tool

The scale was developed by Jagdish and Srivastava (1995), lower scores on the measure of mental – ill health has been supposed to indicate higher mental health. This scale consist of 55 items based on 6 dimensions: (1) Positive self – evaluation, (2) Realistic perception, (3) Integration of personality, (4) Autonomy, (5) Group oriented attitudes and (6) Environmental mastery. The scale has 4 response categories viz., always, often, rarely and never. The reliability and validity coefficient were found significant as the value of the split-half reliability coefficient was  $r = 0.73$  and validity coefficient i.e. construct validity was  $r = 0.54$  which confirm the standardization of the scale.

## Results and Discussion

**Table 1:** Showing difference between the mean scores of working and non-working widows.

Variables	Working (N=41)		Non - working (N=45)		‘t’
	Mean	SD	Mean	SD	
Mental Health	134.41	9.39	137.15	10.26	-1.288
Positive Self-Evaluation	27.00	2.92	27.84	3.66	-1.174
Realistic Perception	20.00	2.58	20.13	2.84	-.226
Integration of Personality	26.92	3.54	26.66	4.12	.312
Autonomy	13.41	2.29	14.57	2.74	-2.123*
Group Oriented Attitudes	23.31	2.64	23.42	2.70	-.182
Environmental Mastery	23.75	2.87	24.51	2.65	-1.264

Results from an independent samples t test indicated that working and non-working widows did not differ significantly on different facets of the Mental Health Inventory, The mean score and SD of working and non-working widows on overall Mental Health were 134.41 (9.39) and 137.15 (10.26) respectively. The t-value is 1.28 i.e. insignificant at  $p < .05$ . The mean score and SD of working widows on different dimensions of Mental Health indicated to be Positive Self-Evaluation; 27.00 (2.92), PR; 20.00 (2.58), Integration of Personality; 26.92 (3.54), Group Oriented Attitudes; 23.31 (2.64) and Environmental Mastery; 23.75(2.87). The mean score and SD of non-working widows regarding the same dimensions were Postive Self - Evaluation; 27.84 (3.66), Realistic Perception; 20.13 (2.84), IP; 26.66 (4.12), GA; 23.42 (2.70) and Environmental Mastery; 24.51 (2.65). The corresponding t-values revealed that statistically no significant difference was found between two groups. However, there was significant difference observed in the dimension of Autonomy where working widows reported ( $M = 13.41$ ,  $SD = 2.29$ ) and non-working scored ( $M = 14.57$ ,  $SD = 2.74$ ),  $t(84) = 2.12$ ,  $p < .05$ .

## Discussion

The main objective of the study was to compare the Mental Health of working and non-working widows. Results revealed statistically no significant difference between the two groups in respect of given dimensions of Mental Health, except in the dimension of Autonomy, where a significant difference was observed between the two groups.

This shows that the widows from both working and non-working backgrounds, share common socio-cultural environment have been undergoing similar social, financial, emotional and health related difficulties after death of their

## Procedure

After gaining approval from the relevant board of studies, the respective participants were contacted. Once the investigator established a rapport with the respondents, they were assured that the information would be kept confidential. The participants were briefed about the study and asked to respond as per instructions in the Mental Health Inventory.

## Data Analysis

The collected data were analyzed with the help of independent sample t-test.

spouses. Other than socio-economic woes, a majority of widowed women have emphasized the mental or psychological trauma they felt as a result of the death of their spouse. These negative consequences or emotions or feelings, tend to affect their mental and physical health adversely the result being poor mental health.

## Limitations

The size of the sample was relatively small and collected from a particular city (Aligarh, India). Moreover, some bias in recruiting purposive sampling could not be ruled out. All these might have affected generalizations to some extent.

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## Conflict of Interests

The authors declared no conflict of interests.

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