



**A Study on Mental Health of Widows in Kasargod District Kerala**

**KOCHUTHERESSIA**

M.Sc Student, Periyar University,

**SELVARAJ**

Assistant professor of Psychology, Periyar University, Salem-11

**ABSTRACT**

the present paper assesses the mental health of widows in Kasargod District Kerala. Pramod Kumar (1992)'s mental health check-list has been administered. the sample consists of 60 widows participants ranging in age from 25 to 45 years and the data collected through simple random sampling technique. results were analyzed with correlation techniques. it is found that there is a partially significant difference of widows between ares of living and age on their mental health

**KEYWORDS**

Widows, Mental Health

**INTRODUCTION**

Widow is a woman whose spouse has died the state of having lost once spouse to death is termed widowhood. It is not a happy event, and there are many adverse consequences in terms of both physical and psychologically health. However, most widows appear to adjust successfully in the long term.

India has a largest recorded number of widows in the world – 33 million and the number is growing because of HIV/AIDS and civil conflicts. 54% of the women age 60 and over are widows, as are 12 % of the women aged 35-39 remarriage is the expectation rather than the rule; only about 10% of the widows marry again (Chen, 2000).

Widows' deprivation and stigmatization are exacerbated by ritual and religious symbolism. Hence, widowhood presents a myriad of economic, social and psychological problems, particularly in the first year or so after the death of the spouse a major problem for both sexes is economic hardship. Widow is now deprived his income and the nucleus family is destroyed (Fasoranti et al 2007).

Loss of spouse is one of the most negative life events, next only to the loss of children (Bennett et al: 2005). Mental health is the ability to make wholesome personal and adjustment. According to (Hadfield, 1952) mental health is the full and harmonious functioning of the whole personality.

Good mental health is more than just the absence of mental illness. It is the ability to maintain even temper, an alert intelligence, socially considered behaviour and a happy disposition (Menninger, 1967). Being widowhood leads to many psychological and social consequences due to the reason, the present study find out the difference between mental of widows in Kasargod district Kerala.

**OBJECTIVES**

To assesses the mental health of widows on the basis of selected demographic variables like age, locality.

**HYPOTHESES**

- a. The mental health of widows will differ significantly based on the age
- b. The mental health of widows will differ significantly based on their locality

**METHOD**

**SAMPLE**

This study comprised of windows in Kasargod District, Kerala. The researcher got the list of widowhood pension receiver from the head post office Kasargod. The researcher collected data from 100 widows adapted to using simple random sampling technique of which only 60 were valid.

**TOOLS USED**

Mental health check-list scale (MHC) by Pramod Kumar (1992) the tool consists of 11 items, in a 4-point rating and the scale has two domains I. physical II. Somatic domains have items. The mental health scale 4-response categories i.e. for 'rarely', 'at times', 'often', and 'always' respectively. The total score varies from 11 to 44 showing the highest (good) to the lowest (poorest) mental health status of the person.

**METHOD OF DATA COLLECTION**

The researcher interacted with all the 100 participants. The participants were briefed about the nature of study and consent of participants was obtained. The investigator distributed the questionnaires along with personal data sheet. The data was collected under the personal supervision of investigator. The collected tools were scored as per the scoring keys. It was found that some of the questionnaires were incomplete so out of the 100 data collected only 60 were considered for final analysis.

**Table 1:Represents the localities of widows would be significantly differ to mental health**

Domains of Mental Health	Rural (N=30)		Urban (N=30)		't' value
	M	SD	M	SD	
Psychological Health	15.07	2.55	14.13	3.15	1.25
Physical Health	10.87	2.75	12.53	3.24	2.15*

**Significance at \* P < 0.05 level**

The above table 2 shows that the mental health among urban and rural localities of widows. Partially significant difference was found between rural and urban widows. Psychological health, t (1.25). Rural averaged 15.07 (SD = 2.55) and Urban averaged (14.13) SD = (3.15). It is found that there is no significant difference of mental health among urban and rural localities.

In the physical health value (2.15\*). Rural averaged (10.87),

(SD=2.75) and Urban averaged (12.53), (SD=3.24). There is partially significant difference among mental health of widow in urban and rural area. According to (Taylor et.al. 2002) stated that after some period of time the emotional and social functioning of most women's will improve by creating and maintaining new social networks and close emotional relationships.

**Table 2: Represents the mental health of widows will be differing significantly based on age.**

Domains of Mental Health	Below 45 (N=22)		Above 45 (N=38)		't' value
	M	SD	M	SD	
Psychological Health	13.91	2.74	15.00	2.93	1.44
Somatic Health	10.73	2.74	13.26	3.81	1.99*

Significance at 0.05 level

The above table shows that 't' test for mental health of widows based on age group. There is a significant difference found in mental health dimension such as psychological health and physical health based on age group. In psychological dimension there is no significant difference in age group which means that below 45 and above 45 women had some mental health aspects in health behaviour.

They can evaluate them self properly and aware of her limitation. (Silverstern & Bengtson, 1994) found that support from children moderates well-being associated with widowhood. Although widowhood may reduce interaction with other widows (Schuster & Butler, 1989).

## CONCLUSION

From the above results it is concluded that the mental health among urban and rural localities of widow's partially significant difference was found between rural and urban widows. In addition, there is a partial significant difference found in mental health dimension such as psychological health and physical health based on age group.

Lose of spouse leads to diminish quality of life as well as it affects their both physical health and mental health. Policies and programs that foster support may have positive effect in their wellbeing. As a mental profession needs to address widowhood issues earlier otherwise it may lead to serious psychological consequences to widowhood.

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