

PSYCHOLOGICAL DISTRESS AMONG WAR WIDOWS: A STUDY OF PUNJAB**Dr. Naina Sharma**

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Abstracts

Mental health is among important public health issues as it is a major contributor (14%) to the global burden of diseases worldwide. Widows are at higher risk of mental health problems due to gender disadvantaged factors such as lack of family support, financial dependence, single parenting and stereotypes related to remarriage. The present study aims to examine the level of psychological distress of war widows. This study includes 51 war widows between the age range of 40-80 years presently residing in Punjab. Psychological distress was assessed by administering Dass-21 (Lovibond & Lovibond, 1995). Descriptive analysis was used and *t* test was applied to study the significant mean difference related to psychological distress and remarriage. Further, the Focus Group Discussions were conducted to understand and identify the reasons of high psychological distress present amongst the respondents. It was found that majority of the respondents have mild to moderate psychological distress and widows who were re married are less stressful as compared to who are not re- married.

Key Words: Mental Health, Psychological Distress, Remarriage, War Widows.

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Introduction

Owing to the strategic location of India and neighbouring countries (Pakistan, China, Nepal, Bangladesh, Bhutan, Myanmar and Sri-Lanka), India has to face many security problems and had to fight wars in 1947 (at the times of partition), 1962 (Indo-China war), 1965 (Indo-Pak war), 1971 (Indo-Pak war and birth of Bangladesh) and 1999 (Kargil War) to protect its borders. It is estimated that no other country has as many war widows as India. Our brave hearts have bravely marched into battle with little care for their lives. Many returned with injuries that they shall bear proudly as medallions of their service, and many more laid down their lives in the service of our nation. However, till the turn of the 20th century, little was known and done about the emotional effects of war on soldiers' families. It is understandable, that the outbreak of war brings with it a paralyzing fear of losing their loved one fighting on the border in the hearts of the families sitting and praying for him. Whenever a family member is deployed in a war zone, everyone is affected emotionally, and sometimes the emotional distress manifests into Physiological repercussions as well. Parents, spouses, and children of deployed service members are the most

directly affected members of the family. Widowhood is anyway a traumatic experience, but if it included financial perils and social stigma, life could become unbearable. Despite their startlingly high numbers, war widows remain amongst the vulnerable members of society.

Despite rapid advances in the standard of living of people worldwide, the condition of a section of our population still remains deplorable, namely, that of widows (UN Division for the Advancement of Women, 2000). The proliferation of armed conflicts and the high levels of military and civilian casualties since independence (1947) have resulted in a large number of army personnel widows. Widowhood often changes the social and economic roles of women however its impact differs according to culture and religion. India is perhaps the only country where widowhood, in addition to being a personal status, exists as a social institution. Widows' deprivation and stigmatization are exacerbated by ritual and religious symbolism. Indian society, similar to all patriarchal societies, confers social status on a woman through a man. Hence, in the absence of a man, she herself becomes a non-entity, ultimately suffering a social death (UN Division for the Advancement of Women, 2000).

India has the largest recorded number of widows in the world-33 million (10% of the female population, compared to only 3% of men), and the number is growing because of HIV/AIDS and civil conflicts. "Fifty-four per cent of women aged 60 and over are widows, as are 12 per cent of women aged 35-39. Remarriage is the exception rather than the rule; only about 10 per cent of widows marry again." (Chen, 2000). Death of the spouse, appears to affect both the widows in different ways and the psychological effect of these events is immense. Transitioning to widowhood may induce significant strain upon a sudden change in resources, a change which leads to negative effects (Carr & Bodnar- Deren, 2009).

Women lose their husband, but unfortunately, they also lose their status and importance in their families. Being a widow translates to possible isolation, loss of dignity, individual identity, and autonomy. They suddenly find themselves financially very vulnerable, and are often denied inheritance and property rights. The sexual and economic exploitation of widows has been sensationally documented in the media (Bruce, 2005; Damon, 2007). Widows, through poor nutrition, inadequate shelter, lack of access to health care and vulnerability to violence, are very likely to suffer not only physical ill health but stress and chronic depression as well (UN Division for the Advancement of Women, 2000). This is further compounded by the fact that widows, in common with many women, are very often unaware of their rights, and encounter insuperable barriers to accessing justice systems, such as illiteracy, expenses and threats of violence (Trivedi, Sareen & Dhyani, 2009).

Widows face a number of mental health problems; they have suffered bereavement as a result of the violent deaths of their husbands and these traumatic memories hound them for many years. These women socially and psychologically become a vulnerable group. Many studies (e.g., Amoran *et al.*, 2005; Abdallah and Ogbeide, 2002) have concluded that a higher rate of mental illness exists among the widowed than their married counterparts. Even a study conducted by Chen *et al.*, (1999) concluded that widows had higher mean levels of traumatic grief, depressive and anxiety symptoms (compared to widowers).

In general, widowhood for women in India is a very tenuous period of life, highlighted by significant poverty, lack of social support, a lack of ability to remarry, and a greater risk of mortality (Chen & Dreze, 1992; Dreze & Srinivasan 1997). In this context, widowhood may present substantial disadvantages for women if the transition

signifies a loss of resources, particularly in the long-term, though there may be differences by socioeconomic status and other demographic factors, as well as by region (Sengupta & Agree, 2002; Niswade, 2015; Kodaya & Yin, 2015).

The review of above literature indicates that the widows are more prone to psychological distress. Death of the spouse, affect the widows and the psychological effect of these events is immense. It can be said that no group is more affected by the sin of omission than are 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 25 years (Trivedi, Sareen & Dhyani, 2009). The current study attempts To Address These Gaps in the Literature by Providing Empirical Findings of Their Depression, Anxiety and Stress.

Objectives

On the basis of the need of the study following objectives are framed: -

1. To study the percentage cases of psychological distress among war widows
2. To know the significant difference related to psychological distress and re-marital status of war widows
3. To explore and understand the reasons of psychological distress and challenges pertaining to war widows

Methodology

Sample

The sample of the present study comprised 51 veernaris in the age range of 40-80 years from middle class families. Veer Naris were randomly selected from Patiala, Banur, Fatehgarh and Sangrur districts of Punjab. Only those women were interviewed who consented to be the respondents. Veer naris willingness to go through the in-depth interview was also an important criterion.

The following measures were used:

1. Socio demographic profile consisting of 12 items was developed, it included information related to age, qualification, kind of family, area etc.
2. To assess the psychological distress among the respondents DASS -21(Lovibond & Lovibond, 1995) was used. It is a self-report scale designed to measure the emotional states of depression, anxiety and stress. The depression scale assesses dysphoria, hopelessness, devaluation of life, self-deprecation, lack of interest / involvement, anhedonia and inertia. The anxiety scale assesses autonomic arousal, skeletal muscle effects, situational anxiety, and subjective experience of anxious affect. The stress scale is sensitive to levels of chronic nonspecific arousal. It assesses difficulty relaxing, nervous arousal, and being easily upset / agitated, irritable / over-reactive and impatient. Scores for depression, anxiety and stress are calculated by summing the scores for the relevant items.
3. Two Focus Group Discussions with six participants each were carried on to explore the issues and challenges respondents face in their daily life leading to psychological distress. The targeted characteristics of the respondents included low socio-economic status, high psychological distress and rural background. To ensure homogeneity, groups were formed between the widows with same demographical background.

Design & Procedure

The present study involves a mixed method design. Standardized questionnaire was used to measure negative emotional state related to (depression, anxiety and stress) and Focus Group Discussions were carried to understand

the lived experiences of war widows. All participants were explained objectives of the study and were assured to maintain confidentiality. Prior to the commencement of the study permissions were sought from respondents. After seeking the consent questionnaires were administered and focus group discussions were carried.

Statistical Analysis

Analysis of the results is done by applying descriptive statistics such as frequency and percentages to examine the level of psychological distress in the respondents. t test was applied to study the mean difference related to psychological distress and remarriage. For the Focus Group Discussion, the word data was coded and analysed from the field notes. Major underlying themes and sub themes were identified and reported.

Results and Discussion

Table 1: Demographic Profile of Respondents

Characteristic	Category	N	%
Average Age	56 yrs.	51	100
Education	<i>Never went to school</i>	29	57
	<i>High school</i>	16	31
	<i>Senior secondary school</i>	5	10
	<i>Graduate or higher</i>	1	2
	Total	51	100
Area of Residence	Urban	5	10
	Rural	42	82
	Semi-Urban	4	8
	Total	51	100
Family type	Nuclear	28	55
	Joint	23	45
	Total	51	100
Re- Marriage	Re-married	14	28
	Not remarried	37	72
	Total	51	100

Table 1 shows the demographic profile of the respondents. Respondents fall between the age range of 40-80 years with average age of 56 years. Majority of the respondents (57%) never sought any formal education while (31%) have finished high school. Further the table shows that only (6%) respondents have attained senior or higher education. The results clearly indicate majority of the respondents didn't seek any further education after high school. Low socio-economic status, less education and rural area effects mental well-being (Srinivasan et al., 2020). A majority of the respondents (55%) come from joint family households. The demographic profile of the respondents underline the need for awareness regarding holistic health especially in the widow population (Chaya et al., 2003).

Table 2: Psychological Distress

DASS Total 21 items	Number of Respondents	Percentage
Normal	8	16
Mild to Moderate	22	43
Severe	9	18
Extremely Severe	12	23
Total	51	100

Table 2 shows the levels of psychological distress (depression, anxiety and stress) among the respondents. It clearly depicts that majority (43%) of the respondents have mild to moderate negative emotional symptoms followed by (18%) having severe symptoms. The result further shows that (23%) of respondents reported extremely severe psychological distress. According to WHO, 2017 symptoms of psychological distress are 1.5 to 2 times more prevalent among women than men. Widowhood is socially stigmatized in India and becoming a widow means possible isolation. Loss of dignity and Individual identity as well as autonomy (Shrestha and Thapa, 2007). A large number of studies have been done focusing on the psychiatric aspects after death of the spouse. Zisook and Shuchter (1991) and Niaz and Hassan (2006) concluded that depressive episodes were common after the death of a spouse.

Overall, the results indicate high prevalence of psychological distress among widows. Middle age is the period of transition between adulthood and old age. It requires special attention as various physical, social as well as psychological changes occurs in this period. Separation from spouse in this age along with dependence, fear of getting older, fatigue, isolation and abandonment etc. may affect the positive mental health (Singh & Singh, 2020; Beattie et al., 2019).

Table 3: Re- marriage status and Negative emotional State (t test)

Aspect	Whether Re-married or not	N	Mean	Std. Deviation
Depression Total	Not Re-married	37	8.24	4.368
	Re-married	14	17.00	8.293
Anxiety Total	Not Re-married	37	22.92	11.894
	Re-married	14	15.00	9.038
Stress Total*	Not Re-married	37	18.92	11.241
	Re-married	14	14.86	8.142
	Not Re-married	37	21.08	11.875

Perusal of table 3 shows the significant mean difference between Re-married and Not Re-married widows with negative emotional states (depression, anxiety and stress). The results indicate that the mean difference is significant at $p < .05$ level [$t(2, 35) = 2.13, p = 0.041$] only for stress. This implies that not re- married war widows faced more stress as compared re- married widows. The separation from spouse and gender disadvantages such as

lack of autonomy in decision making, increased burden of household chores and responsibilities, financial crisis and emotional turmoil may lead to several adverse consequences such as distorted thoughts, impaired emotions, atypical communications and altered perceptions (Perkins et al., 2016). It can be often associated with considerable pressures that may exacerbate the risk of psychological distress.

Being a widow translates to possible isolation, loss of dignity, individual identity, changes in social relationships and autonomy leading to psychological distress (Umber son, Wortman & Kessler, 1992). Most widows don't get the socio-economic support from the husband's family and also the required help to fight against their psychological distress. They have also reported being subject to sexual harassment. All these situations predispose them to develop anxiety as well as stress (Barrett, 2000). Remarried widows however, are less stressful as they have found a way to survive by building new social ties or have taken on new responsibilities within their husband's family.

FGD

The experience of the spousal bereavement of war widows who are single parents has not given due consideration in the literature. This qualitative study provides insight into how such women grieved over their spouse's death. The findings suggested that hopelessness related to spousal death changed the lifestyles of the participants, which led to health risks in these women. They were dependent on their husbands for financial needs after their demise, furthermore most of the respondents were abandoned by them in laws. The respondents assumed new roles and responsibilities after sudden death of their spouse which increased their difficulty to come over bereavement in positive manner. It was reported that not only the widows even their children developed psychosocial issues such as irritability, loss of friend circle and they become less sociable.

Widows suffered gender disadvantaged issues such as lack of autonomy in decision making, increased burden of household chores and responsibilities, which leads to symptoms such as distorted thoughts, impaired emotions, atypical communications and altered perceptions. The main issues identified in the discussion are: financial dependence on spouse, over burden with work and responsibilities, neglectful attitude of in laws, fight for their right on husband's property and loneliness. Conclusively it can be said that it is very difficult for the widows to rebuild their self-esteem and find purpose in their lives. They still grieved over the loss and haunted by the emotional trauma they suffered.

There are stressors specific to widows such as low educational level, reduced social network, isolation, emotional turmoil, financial crisis, and neglectful attitude of in laws. The identification of these factors may support the understanding of reasons that contributes to poor mental health of widows and then to provide hope therapy, which can facilitate positive bereavement outcomes for healthier living after spousal death.

Conclusion

The overall results data indicated that the war widows are vulnerable section of the society due to lack of education, employment and living in the rural areas in a patriarchal society may culminate their psychological distress. Respondents reported of social isolation and inability to adjust to the social system after demise of their spouse. Further data reflects that most of the respondents had mild to moderate psychological distress as there are no support services for handling mental health problems. The qualitative analysis suggests that their war begins after

their husbands' death. No support from the in-laws is a big factor in adding distress to their life as it increases the emotional burden. Religious coping and faith help these veernaris to have an optimistic view of the world and also helps them to accept the things that can't be changed.

Recommendations

It is necessary that the health issues with respect to widows should be further studied to frame public policies respecting their special needs. The difficulties inherited by war widows may change by means of effective quality support from health services professionals, legal institutes and special cells. Social, behavioural and economic factors among widows should be identified as these may contribute to poor mental health and impacts women's quality of life and their children too. Widows should be provided with suitable modifications in their lifestyle and provide with sound coping strategies to deal with the psychosocial stressors.

Limitations

The study could be further carried on with married women and the comparative analysis will provide a comprehensive information about the mental health of both the segments. The accessibility of mental health services need to be studied in totality.

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