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HEALTH STATUS OF WIDOWS IN PUNE

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Abstracts

Purpose – Widowhood is a difficult phase at any stage of life for the surviving partner, particularly in old age, with serious effects on their physical, economic and emotional well being. Even though feminization is rapidly growing but still these groups of females are neglected. Even though these widow women make up major part more than 8% of total female population, they remain a socially and financially vulnerable section of society. Living alone or without a partner for females compared to a male found it very much difficult. It affects badly on their mental and remains healthy. The main objective of this study is to find out the health condition of widows of Pune.

Design/Methodology/ Approach: - for this purpose, the researcher has interviewed 100 widows in the Pune region of Maharashtra, India in Feb 2022. Descriptive methods and factor analysis have been used to analyze the collected data so that health status can be correlated with the significant factors explored.

Findings: - with the study help of this study, searchers, have tried to explore the major factors that affect ground levels. The study has divided widowhood into 3 levels based on years, which found that emotional care is needed for them to make their life healthy and happy.

Originality: - The paper aims to provide ground-level insights to policymakers focusing on widows and also for future research.

Key Words*: Widowhood, Mental Health, Depression, Social Participation, Emotional Care.*

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Introduction

According to UN Secretary-General Ban Ki-Moon:

"No woman should lose her status, livelihood or property when her husband dies, yet millions of widows in our world face persistent abuse, discrimination, disinheritance and destitution" (United Nations Statement for International Widows Day, 2014).

In the light of these concerns, it is instructive to compare the experiences of widows within and beyond different national settings to verify the validity of generalised claims, to assess whether widowhood inevitably leads to deprivation or whether this is contingent on how it interacts with other personal characteristics and contextual factors. Despite the high level of interest among development agencies, there are substantial gaps in the present

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evidence relating widowhood to deprivations. These gaps partly outcome from a tendency to exclude widowhood from routinely reported data. For example, the UN Demographic Yearbook provides data on marriage and divorce, but not on widowhood (UN Department of Economic and Social Affairs (UNDESA), 2012). As a result, there is no quantitative research comparing the effects of widowhood across different national settings. This paper tries to address some of these gaps. The paper provides insights about differing national contexts of widowhood, as well as the consequences of widowhood for various aspects of socio-economic status, health and wellbeing. By comparing effects across different settings, the paper also tried to explore some of the potential pathways between widowhood and deprivation.

Qualitative studies recognised several ways in which widowhood can lead to socio-economic disadvantage and impaired wellbeing for women (Chen, 2001; Mannan, 2002; Eboh, 2005). These studies claim that cultural norms associated with widowhood often confer more, interacting disadvantages including denial of inheritance, limited mobility outside the home and economic participation, prohibitions on remarriage and restricted social inclusion. Yet, there is also evidence that cultural norms towards widows vary markedly across LMICs: for example, an international public opinion poll in 2008 reported that 7 per cent of felt widows were substantially deprive in their society, compared to 19 per cent of Indians and 25 per cent of Nigerians (World Public Opinion.org, 2009).

Systematic quantitative analysis of the potential impact of widowhood on socio-economic status is hampered by difficulties of extracting data on individual economic status from large household data (Haddad & Kanbur, 1990). For example, Dreze and Srinivasan (1997) conclude that in India female widowhood is not majorly associated with household poverty, but observe that widowed women may still be significantly deprived compared to other household members. This household discrimination effect has been recognised in a number of qualitative studies (Chen, 2001; UN Women, 2012). Another analytical challenge is that the risk of widowhood may be associated with pre-existing deprivations (for example, poorer, less educated women may be more likely to be widowed at a given point in time) and so it is necessary to separate the effect of widowhood from these potential confounders. Attributable effects of widowhood on health and quality of life are more readily known. A number of epidemiological studies in LMICs have acknowledged widowhood as a potential risk factor for adverse result, including elevated risk of mortality (Rahman, Foster, & Menken, 1992; Shor et al., 2012; Sudha, Suchindran, Mutran, Rajan, & Sarma, 2006), poor self-rated health (Doubova, Pérez-Cuevas, Espinosa-Alarcón, & Flores-Hernández, 2010; Li, Liang, A, & Gu, 2005) and depression (Averina et al., 2005; Li et al., 2005; Suemoto et al., 2012).

There is a larger body of research, both qualitative and quantitative, on the effects of widowhood in high-income countries (Moon et al; 2012; Stroebe et al, 2007). These studies also demonstrate that widowhood is associated with economic vulnerability as well as with an increased risk of mortality, impaired health and quality of life for some women, but that there is considerable heterogeneity of experience (Sevak, Weir and Willis, 2003/4; Elwert and Christakis, 2006). Rather than cultural sanctions against widows, these studies highlights the initial emotional impact of losing a spouse (known as “the widowhood effect”), adaptability to changing circumstances (such as solitary living) and the extent to which widows are secured by pension schemes (Drennan et al, 2008; Nuriddin and Perrucci, 2008). According to a recent report:

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"...immediately after the deaths of their partners 60 per cent of widows and widowers were shown to be lonely. Thanks to the forts of the widowed persons themselves and the support of children, friends and neighbours in the period following the death of the partner, loneliness decreased to a certain extent." (Oxfordshire Age UK, 2011).
limited research on health conditions of older widows is carried out in developing countries including India and provides scarce information on health conditions of older widows particularly in terms of gender disparities.

It is well known fact that widows in India were often exposed to social neglect, sexual abuse, violence and isolation. Previous studies documented that widow in India were underprivileged even for basic human needs of food, shelter and medical aids, forcing them to live with chronic ill-health conditions. However, no attempts have been made so far to study the disease patterns among older widows and their treatment-seeking behaviour.

Objectives

1. Evaluates the health conditions of widows from Pune region.
2. Study the factor's effects on health.

Research Methodology

Primary methods of data collection have been used in this study. The main objective of this study is to find out the health conditions of widows of Pune. The survey questionnaire was designed to explore and identify the factors influencing the health of widows. From the period of February 2022 to March 2022, a face-to-face survey of 100 widows was conducted. The paper recognizes that there are varied ranges of problems that are faced by widows and this paper primarily focuses only on health conditions. The researchers deemed it essential to conduct face-to-face interview considering the low-literacy rate amongst respondents, 49% of women widows in the sample were illiterate. Many who had attended school reported having difficulty in reading and writing. Furthermore, the researchers recognized that the sensitivity of the issue under investigation required personal touch to the survey as the CoVid-19 pandemic had left these respondents financially vulnerable.

The questionnaire was designed to explore variables that affect health of widows. These included widowhood, social inclusion, loneliness, monthly expenditure on food and health. To some extent, this different research focus may both reflect and feed back into polarised representations of widowhood in the "developed and developing worlds". Given the large proportion of older widows, we focused on a) comparing the patterns of disease prevalence among older widows in terms of communicable, non-communicable and other diseases, b) treatment-seeking behaviour of older widows c) studying their variations by socioeconomic and demographic factors.

Widowhood

1-4, 5-10, +10 year

Age

20-40, 41-50, and 50

Residence

Urban, rural (RC)

Social group

Scheduled caste (SC) & scheduled tribes (STs), other backward classes (OBCs), others

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Education

High school and above, middle school complete, <middle school complete, illiterates (RC)

Living arrangement

Living with children and other relatives, living with other non-relatives, living alone (RC)

Economic independence

Full dependent, partially dependent, not dependent (RC)

Monthly Per Capita Expenditure (MPCE) percentile class

class5, class4, class3, class2, class1 (RC).

The sample design utilized a mix of convenience & purposive sampling. In order to capture the nuanced lives of these women, it was essential to target as many houses and Ashrams in the city as possible where these widows reside. The housing societies located in different parts of the Pune region were also targeted to capture responses. The researchers have derived a conceptual model based on the literature and survey which will be validated after the analysis of 100 widows' women data. After considering the life circumstances of these women the health problem faced by these women is broadly categorised into two parts 1) widowhood - less than 5 years, widowhood between 5 to 10 years and widowhood more than 10 years and 2) Living with family or alone. Using regression analysis data analysed.

For this study, marital status was indicated as widowed. We also created a second marital status variable where the widowed category was split into three groups according to the duration of widowhood: 0–4 years, 5–9 years, or 10+ years. The split between 4 and 5 years was based on previous research showing differences between the more recently widowed and the longer-term widows, and the split between 9 and 10 years was chosen because about half of people were widowed beyond that point. Age was divided into five-year intervals as 60–64 years (reference), 65–69 years, 70–74 years, 75–79 years, and 80+ years. Respondents indicated a caste (Scheduled Caste (reference), Scheduled Tribe, Other Backward Caste, and other caste), and whether they stayed with children in the same household (reference) or not. Completed education was categorized as none (reference), 1–5 years, 6–10 years, and 11 or more years. Work status was a binary variable categorized as having worked during the past year versus not having worked. Household wealth quintiles were calculated using the information on 30 assets and housing characteristics. The location of the household in a rural or urban location and the state was also recorded.

Results

The collected data of 100 domestic workers from different areas of Pune, Maharashtra was analysed with the help of regression analysis. It was found that 54% of women's husbands were working in the unorganised zed sector and they don't have insurance policies so after their death wife does not have any financial support. The majority of women (58%) had migrated to PuneThe majority of work opportunities or due to marriage. 47% of women were receiving benefits from their maternal family. Most women (95%) did have bank accounts and Aadhar identification. When asked accounts skill development prospects 55% of women reported they do not have any other skills or are not aware of any options for domestic work. 87% of women did have stress, tension and loneliness which badly affected their mental health. Including menstrual health and only 3% of women were using cloth instead of a sanitary napkin. 94% of women reported that their children are not treated well, but only 12%

receive any care and support. Social inclusion is not seen in any of the respondents.

Finding of study and Conclusion – The sight of a widow is considered inauspicious, she does not get similar treatment from society like those woman's husband is alive, widowhood is less than 5 years women's are busy themselves with children but more than 10 years widowhood women's are living alone they don't get care and support from family and that is the main reason behind their stress and tension. Due to the responsibility of the children and society they don't think about, remarriage.

Overall, marital status coupled with age plays a significant role in the determination of health and the relationship we investigated is sensitive for gender too and therefore, the health policy should take care of vulnerable groups in a particular stage of life. Given the ending scenario of ageing, particularly its female dimension, questions of support and care to the female aged especially when they are widows need to be addressed first. At addressed India is having a national policy for older persons. However, how effectively it is implemented in the last decade, is a big question.

The present policy needs to be reformulated to come out with a comprehensive policy for older persons. The policy should address the socio-economic aspects of older persons and proper attention should be given to most vulnerable groups of older persons such as older widows living in rural areas and those are socially and economically backward. Community level interventions are urgently required to spread awareness and knowledge among older persons particularly those with low socio-economic conditions.

Last but not the least, there is need for a prevention strategy that may include lifestyle changes during middle age in order to curtail the incidence or at least severity of life-style-related morbidities that are reported by older widows with better socio-economic status. Gender, the duration of widowhood, and type of outcome are each relevant pieces of information when assessing the potential for widowhood to negatively impact health. Future research should explore how the mechanisms linking widowhood to health vary throughout widowhood. Incorporating information about marital relationships into the design of intervention programs may help better target potential beneficiaries among adults in India.

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