

# Psychosocial Challenges and Its Impact on Quality of Life Among Widows

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## ABSTRACT

**Introduction:** Marriage is a lifelong partnership built on mutual support and companionship. The loss of a spouse is a deeply traumatic experience that affects emotional stability and overall quality of life. According to the 2011 Census, over 44 million widows live in India, highlighting the growing social concern. Widows often face stigma, social isolation, and economic dependence, intensifying their psychosocial struggles. The objectives of the study were to assess psychosocial challenges and quality of life among the widows, to investigate the impact of psychosocial challenges on quality of life among widows, to find out the association between psychosocial challenges and demographic variables.

**Materials and Methods:** The present study assessed psychosocial challenges and their impact on the quality of life among widows residing in Koratty Panchayat, Thrissur District. A non-experimental descriptive design was used, and 75 widows were selected through the non-probability snowball sampling method. Data were collected using a socio-demographic sheet, a self-structured questionnaire, and the Modified WHOQOL-BREF Scale.

**Results:** Results showed that 84% of participants experienced moderate

psychosocial challenges, while 53.3% reported a moderate quality of life. A significant moderate negative correlation was found between psychosocial challenges and quality of life ( $r = -0.877$ ,  $p = 0.000$ ), indicating that when psychosocial challenges increase, quality of life decreases.

**Conclusion:** The present study showed the psychosocial challenges among widows and their impact on quality of life. Widows face numerous psychosocial challenges that significantly impact their living conditions. These challenges interfere with their participation in social activities as well as maintaining a stable livelihood. The results suggested that the majority of widows had a moderate level of psychosocial challenges. The findings indicated that when psychosocial challenges increase, quality of life decreases.

**Keywords:** Psychosocial challenges, Quality of life, Widows.

## INTRODUCTION

Marriage is the union of two people as partners in a personal relationship. Marriage is normally symbolized in many ways, such as a ceremony, a certificate or a ring. Typically, a couple has mutual duties and rights. In the past, marriage was characterized as a partnership between a

man and a woman, in which the offspring born to the woman were acknowledged as lawful descendants by both parents.<sup>1</sup> When a spouse passes away, it can be a very distressing occurrence that changes one's direction in life and requires the remaining partner to adapt to new social duties. The death of a life partner is a devastating event that occurs at a pivotal point in a person's life and frequently results in changes and adjustments to the widowed partner's social roles.<sup>2</sup>

The United Nations estimates that there are at least 258 million widows in globally (UN Women, 2013). Numerous psychological, interpersonal, and financial difficulties arise with widowhood. Stressors like demands at work or home, lack of control over a situation, uncertainty about the future, dwelling on the past and worrying about the future, social and personal issues, financial difficulties, inability to provide for the family's basic needs and caring for their children on their own are all the challenges faced by widows.<sup>3</sup> In Kerala, widowhood comes with many extra restrictions due to societal stigma and isolation caused by male-dominated society. A sorrowing woman faces invisible, silent distress because of this supremacy. Even though the state claims to have progressive public policies that safeguard those who are socially vulnerable, little has been accomplished to help widows with young children to maintain a decent quality of living. Worldwide, over 115 million widows live in extreme poverty.<sup>4</sup>

The widows lead humble lives, focusing mostly on developing religious attitudes and ideas. They don't take part in social and cultural ceremonies and functions. There exists a fair number of widows who reside in ashramas; they are sometimes compelled to take these actions by their relatives or live independently.<sup>5</sup> In remote places, widows' conditions are even worse. They are typically evicted from their homes and are left to take care of themselves once their husbands pass away. When these widows are forced out of their homes, they frequently end up at places of worship.<sup>6</sup>

The biggest issue facing widows in India is money. The main challenges they face with their kids include not being able to cover school fees, clothing and other expenses. One of the main issues widows constantly worry about is how they will cover their children's wedding costs and the dowry. Due to their significant financial difficulties, the widows limit their spending on social, cultural, recreational and food-related expenses.<sup>7</sup>

The study aims to find out the impact of psychosocial challenges on the quality of life among widows. The objectives of the study were to assess psychosocial challenges and quality of life, to find out the association between the psychosocial challenges and selected demographic variables of widows.

## **MATERIALS & METHODS**

The research approach was quantitative. The present cross-sectional study was conducted among 75 widows of Koratty Panchayath. The sample were selected using non probability snow ball sampling technique. The study included widows who were aged between 23 to 65 years and willing to participate in the study and excluded widows who were, unavailable during the period of data collection and unable to understand Malayalam. Obtained approval from the institutional Scientific Review Committee and Institutional Ethics Committee. Participant information sheet was provided and informed consent obtained from the sample. The data were collected by a structured interview. Data regarding psychosocial challenges were collected using the Questionnaire on Psychosocial Challenges of widows, Quality of life was assessed by using WHO QOL - BREF Scale.

## **Statistical Analysis**

Data analysis was done using SPSS version 20. Both descriptive and inferential statistics were used for analysis. Frequency, percentage, mean and standard deviation were used as descriptive statistics. To find

the correlation between the variables, Karl Pearson's correlation co-efficient was used. Fisher's exact test was used to find association between research variable and demographic variables. All the null hypothesis were tested at 0.05 level of significance.

**H01:** There is no significant correlation between psychosocial challenges and quality of life among widows.

**H02:** There is no significant association between psychosocial challenges and selected demographic variables of widows.

**H03:** There is no significant association between quality of life and selected demographic variables of widows.

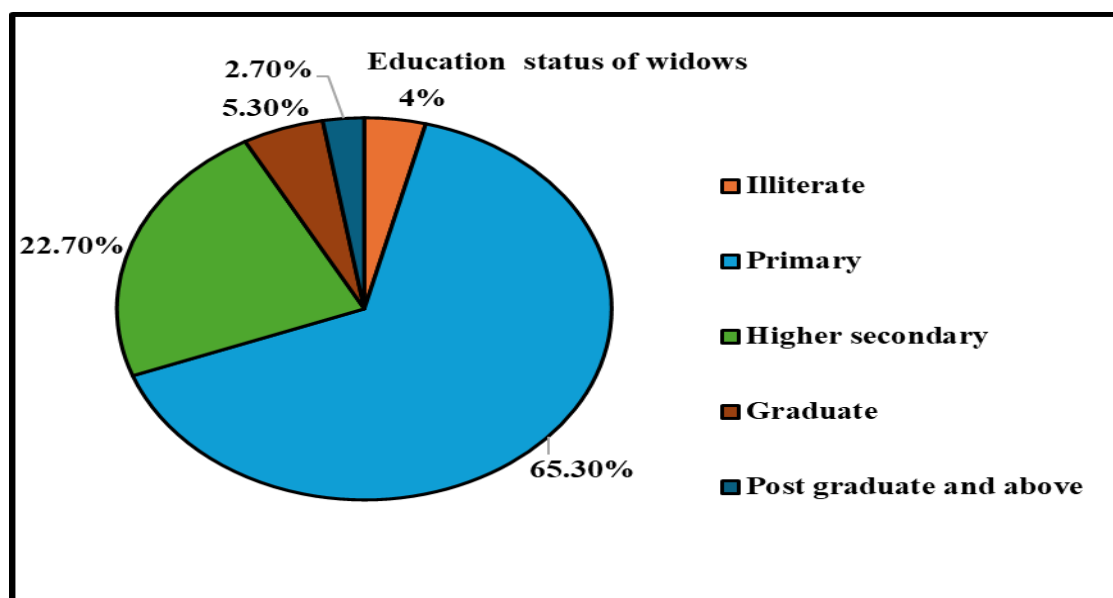
## RESULT

**Table 1: Frequency and percentage distribution of sample according to age, Religion, Occupational status and source of income**

Variable	Category	Frequency (f)	Percentage (%)
Age	31-40	1	1.3
	41- 50	13	17.3
	51- 60	31	41.4
	61- 65	30	40.0
Religion	Hindu	21	28.0
	Christian	52	69.3
	Muslim	2	2.7
Occupational status	Unemployed	39	52.0
	Manual labourer	17	22.7
	Private employee	19	25.3
Source of income	Pension	45	60.0
	Donation	1	1.3
	Salary	6	8.0
	Profit / Farming	19	25.3
	Children	4	5.4

Table 1: depicts that among the 75 participants, 41.4% are in the age group of 51–60 years, 69.3% are Christians, 52% are unemployed, and 60% of them receive a pension

(n= 75)



**Figure 1: Distribution of the sample according to educational status**

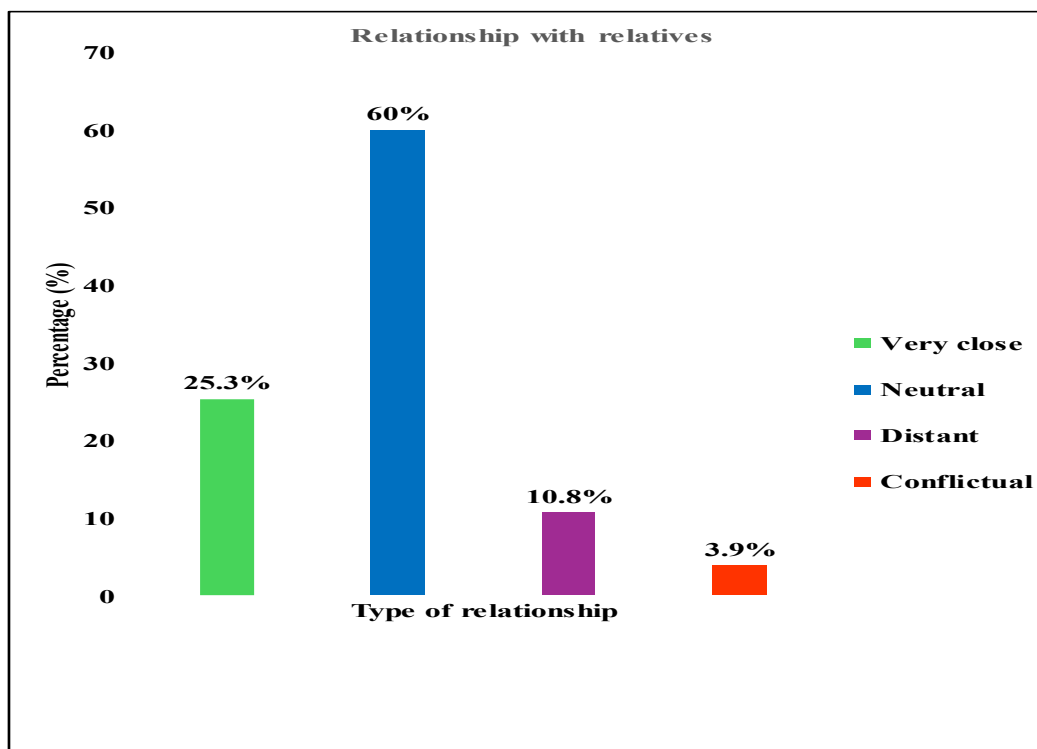
Figure 1: represents the educational status of the widows. Among 75 samples, 65.3% have primary education, 22.7% have higher secondary education, 5.3% are graduates, 2.7% are post-graduates and 4% are illiterate

**Table 2: Frequency and percentage distribution of sample according to number of children, co – co-resident dependency, Duration of widowhood, Duration of marriage (n=75)**

Variables	Category	Frequency (f)	Percentage (%)
Number of children	No children	4	5.3
	1	18	24.0
	2	37	49.3
	3	14	18.7
	4 and above	2	2.7
Co – resident / dependency	Parents	7	9.3
	Son/ Daughter	51	68.0
	In-laws	17	22.7
Duration of widowhood	< 5 Yrs	26	34.7
	6 – 10 Yrs	20	26.7
	11-20 Yrs	21	28.0
	> 21 Yrs	8	10.7
Duration of marriage	< 5 years	2	2.7
	6-10 years	7	9.3
	11-20 years	32	42.7
	11-20 years	32	42.7

Table 2 denotes the frequency and percentage distribution of the sample according to the number of children, co-resident, duration of widowhood and duration of marriage. 49.3% have 2 children. Among 75 samples, 68% live with their son and daughter, 34.7% of the samples became widowed within 5 years, 45.3% of widows had been married for more than 21 years

(n=75)



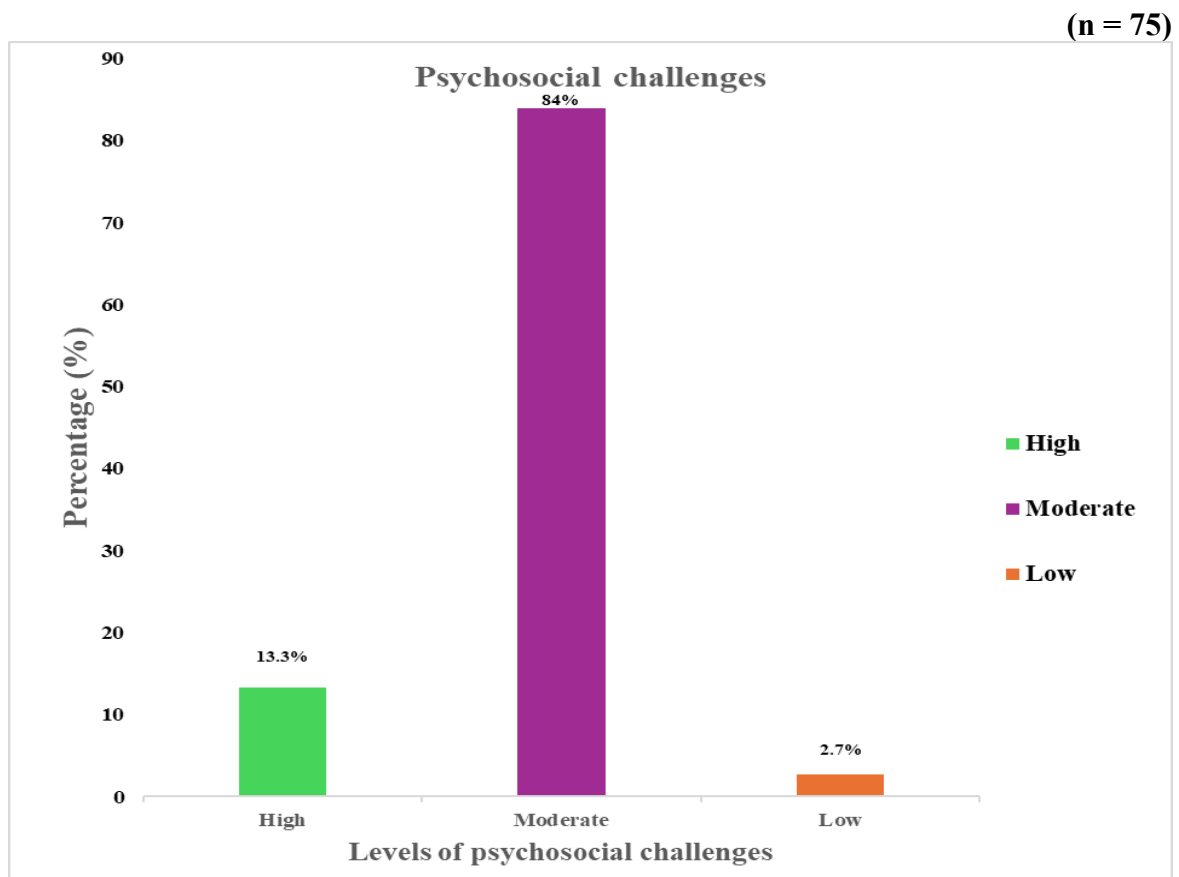
**Figure 2: Distribution of sample according to relationships with relatives**

Figure 2 represents the relationship of widows with their relatives. While considering this, 60% of widows maintain a neutral relationship with relatives. About 25.3% maintain a very close relationship, 10.8% maintain a distant relationship and 3.9% maintain a conflictual relationship with their relatives.

**Table 3: Frequency and percentage distribution of sample according to relationship with late spouse and cause of husband’s death (n = 75)**

Variable	Category	Frequency (f)	Percentage (%)
Relationship with late spouse	Very good	11	14.7
	Good	45	60.0
	Fair	7	9.3
	Poor	12	16.0
Cause of husband’s death	Accident	9	12.0
	Suicide	7	9.3
	Disease	59	78.7

Table 3 shows the frequency and distribution of the sample according to the relationship with the late spouse and the cause of the husband’s death. About 60% of the widows had good relationship with their late spouse, while considering the cause of death, 78.7% of the deaths were due to diseases,



**Figure 3: Psychosocial challenges among widows**

Among the samples 84% of widows have moderate psychosocial challenges, 13.3% have high psychosocial challenges and 2.7% have low psychosocial challenges

(n = 75)

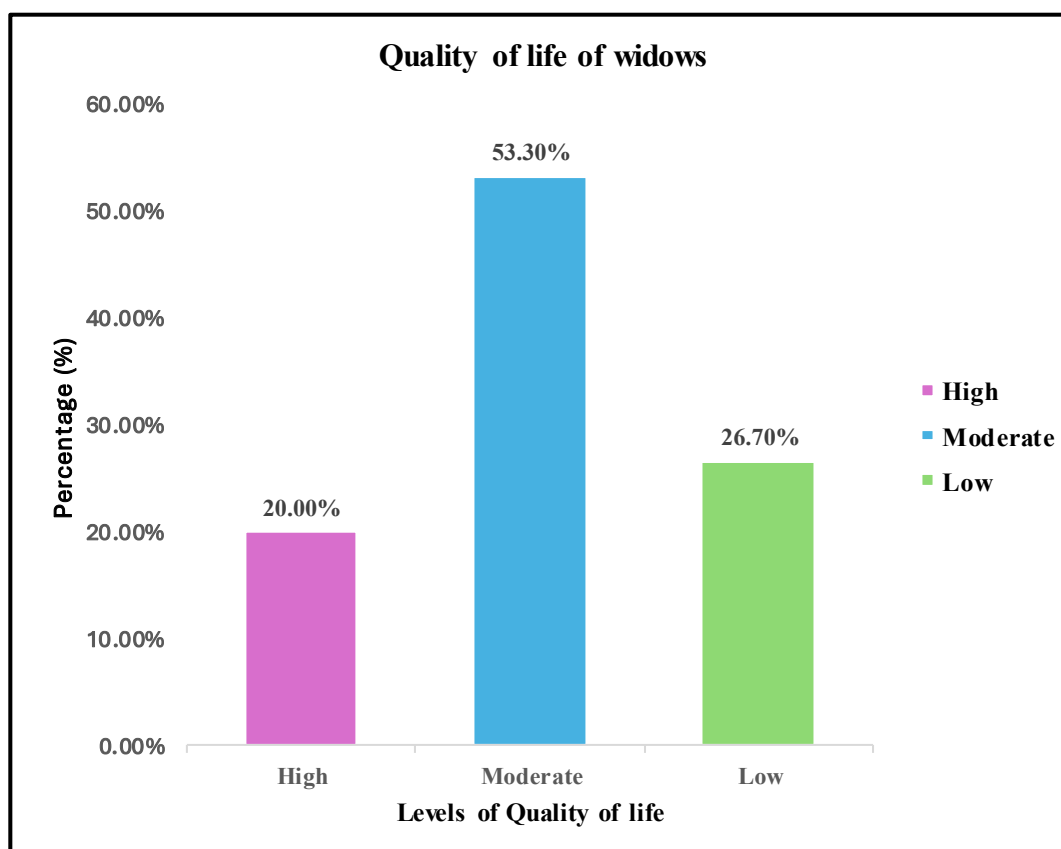


Figure 4: Quality of life of widows

Regarding quality of life, 53.3% of widows have a moderate quality of life, whereas 26.7% have a low quality of life and 20% have a high quality of life.

Table 4: Correlation between psychosocial challenges and quality of life among widows

Variables	Mean ± SD	Pearson Correlation	p Value
Psychosocial challenges	71.76 ± 12.85	-0.877	0.000**
Quality of life	76.17 ± 11.04		

\*significant at 0.01

The study reveals that there is a significant, moderate negative correlation between psychosocial challenges and quality of life

among widows. Indicates that, when psychosocial challenges increases, quality of life decreases.

Table 5: Association between psychosocial challenges and demographic variables

Variables	Category	Psychosocial challenges			Fisher's exact	p value
		Low (f)	Moderate (f)	High (f)		
Age	31-40	0	1	0	9.24	0.045*
	41-50	1	11	1		
	51-60	1	24	6		
	61-65	0	27	3		
Educational status	Illiterate	1	2	0	14.82	0.046*
	Primary	11	26	12		
	Higher Secondary	3	10	4		
	Graduate	0	1	3		
	Postgraduate and above	0	1	1		

Religion	Hindu	0	19	2	12.42	0.008 **
	Christian	2	42	8		
	Muslim	0	2	0		
	Others	0	0	0		
	No religion	0	0	0		
Occupation	Unemployed	1	32	6	14.41	0.001 **
	Manual labourer	0	15	2		
	Private employee	1	16	2		
	Pensioner	0	0	0		
Duration of widowhood	< 5 years	1	22	3	13.09	0.001 **
	6 – 10 years	1	15	4		
	11 – 21 years	0	19	2		
	> 21 years	0	7	1		
Number of Children	No children	1	2	1	12.39	0.041 *
	1	0	16	2		
	2	0	33	4		
	3	1	11	2		
	4 and above	0	1	1		
Cause of husband's death	Accident	0	8	1	11.51	0.007 **
	Suicide	0	7	0		
	Diseases	2	48	9		
	Aged	0	0	0		
	Uncertain	0	0	0		

\*significant at 0.05 level

Table 5 depicts the association between psychosocial challenges with selected variables such as, age, educational status, religion, occupation, number of children, duration of widowhood and cause of husband's death significant at 0.05 level.

Hence, the null hypothesis  $H_0$  is rejected. There is an association of psychosocial challenges with age, educational status, occupation, religion, number of children, duration of widowhood and cause of husband's death.

**Table 6: Association between Quality of life and demographic variables**

Variables	Category	Quality of life			Fisher's exact	p value
		Low (f)	Moderate (f)	High (f)		
Age	31-40	1	0	0	16.17	0.038*
	41-50	3	7	3		
	51-60	8	16	7		
	61-65	3	17	10		
Educational status	Illiterate	1	2	0	14.18	0.048*
	Primary	11	26	12		
	Higher Secondary	3	10	4		
	Graduate	0	1	3		
	Postgraduate and above	0	1	1		
Religion	Hindu	6	14	1	9.60	0.023*
	Christian	9	24	19		
	Muslim	0	2	0		
Occupation	Unemployed	7	22	10	18.43	0.005**
	Manual labourer	5	9	3		
	Private employee	3	9	7		
Duration of widowhood	< 5 years	5	15	6	12.27	0.017**
	6 – 10 years	5	8	7		
	11 – 21 years	1	12	5		
	> 21 years	2	5	2		
Number of Children	No children	1	2	1	3.97	0.009**
	1	2	11	5		

	2	7	20	10		
	3	4	6	4		
	4 and above	1	1	0		
Relationship with late spouse	Very Good	2	5	4	17.65	0.038**
	Good	9	21	15		
	Fair	1	5	1		
	Poor	3	9	0		
Duration of marriage	< 5 years	2	0	0	14.07	0.011**
	6 – 10 years	1	4	2		
	11 – 20 years	10	17	5		
	>21 years	2	19	13		
Source of income	Pension	7	30	8	15.99	0.013*
	Donation	1	0	0		
	Salary	0	2	4		
	Profit/Farming	7	6	6		
	Children	0	2	2		

\*significant at 0.05 level

Table 6 depicts the association between quality of life with selected sample variables such as age, educational status, religion, occupational status, number of children, duration of widowhood, cause of death, source of income, duration of marriage and relationship with late spouse significant at 0.05 level. Hence null hypothesis H<sub>03</sub> is rejected. There is an association of quality of life with age, educational status, religion, occupational status, number of children, duration of widowhood, cause of death, source of income, duration of marriage and relationship with late spouse.

## DISCUSSION

The result showed that psychosocial challenges and quality of life had a marked negative relation with the obtained value ( $r=-0.877$ ,  $p=0.000$ ), which is statistically significant at 0.05 level. This indicates that when the psychosocial challenges increase, quality of life decreases.

The findings of the study were inconsistent with another descriptive study conducted by Mariaselvam Amalraj et al. (2020). The objective of the study was to assess the psychosocial correlates of widows in the tribal community in the Idukki district. The study revealed that resilience, monthly income, years of widowhood, family income and education influenced the quality of life of the tribal widows. The findings also revealed a significant inverse

correlation between depression and quality of life ( $r = -0.47$ ,  $p < 0.01$ ), as well as between quality of life and anxiety ( $r = -0.41$ ,  $p < 0.01$ ).<sup>8</sup>

The findings of the study were supported by a cross-sectional observational study conducted by Zhu Xiaoting et al. (2018) to assess the impact of widowhood on the quality of older adults in China. The findings of the study revealed the influence of widowhood on the quality of life among adults ( $p=0.01$ ,  $r = -0.085$ ).<sup>9</sup>

Regarding the association between psychosocial challenges and selected demographic variables, the outcome of the study pointed that there was a significant association between psychosocial challenges with selected sample variables such as age (9.241,  $p=0.045$ ), educational status (14.828,  $p=0.046$ ), religion (12.423,  $p=0.008$ ), occupational status (14.431,  $p=0.001$ ), number of children (12.309,  $p=0.041$ ), duration of widowhood (13.093,  $p=0.001$ ) and cause of death ( $F=11.512$ ,  $p=0.007$ ).

Obtained study findings were supported by a quantitative observational study conducted by Srivastava Shobhit et al. (2021) to investigate the relationship between widowhood, living alone, and depression in older adults in India. Analysis findings revealed that widowhood and older adults who live alone face a significantly elevated risk of depression. About 9% of older adults

experience symptoms of depression, 10.3% of the widowed and 13.6% of the older persons living on their own suffer from depression. Among 8.4% of the participants who were co-residing with someone were suffering from depression.<sup>10</sup> ( $p < 0.01$ ).<sup>10</sup>

The outcome of the study findings was consistent with other descriptive surveys conducted by Elsie Williams et al. (2017) to assess the influence of age and educational level on educational strategies to widowhood stress in Nigeria. The findings of the study revealed that adjustment strategies to widowhood stress had an association with education and age. The study revealed that the influence of educational level was significant in problem-solving strategies ( $F = 2.367$ ,  $p = 3.394$ ).<sup>11</sup>

Considering the association between Quality of life and selected demographic variables, The result suggested that there was a significant association between quality of life with selected sample variables such as age (16.174,  $p = 0.038$ ), education (14.188  $p = 0.048$ ), religion (9.607,  $p = 0.023$ ), occupational status (18.438,  $p = 0.005$ ), number of children (3.97  $p = 0.009$ ), duration of widowhood (12.271  $p = 0.017$ ), cause of death (11.512  $p = 0.007$ ), source of income (15.999  $p = 0.013$ ), duration of marriage (14.073  $p = 0.011$ ) and relationship with late spouse (17.651  $p = 0.038$ ).

The study's findings were supported by another cross-sectional study, which was conducted by Narayanaswamy Saravanan Nirmala et al. (2021) to assess the self-reported health status of elderly widows and their principal determinants in the Puducherry district. The sample size was 360. Data were collected by a semi-structured interview schedule. The study depicted that chronic morbidity, having son, education, economic status, functional ability, and urban residence showed an effect on poor or fair self-reported health status ( $p < 0.01$ ).<sup>12</sup>

The data obtained from the study was consistent with a descriptive correlation study conducted by Wilder C Ann (2016) on

the living arrangements of elderly widows in India. The study outcomes suggested that 78% of older widows reported living alone or in non-familial households, while 22% reported living in various familial constellations. There was an association between living arrangements and age, education and religion ( $p \leq 0.5$ ).<sup>13</sup>

## CONCLUSION

The present study showed the psychosocial challenges among widows and their impact on quality of life. Widows face numerous psychosocial challenges that significantly impact their living conditions. These challenges interfere with their participation in social activities as well as maintaining a stable livelihood. The results suggested that the majority of widows had a moderate level of psychosocial challenges. The findings indicated that when psychosocial challenges increase, quality of life decreases. The present study reveals that quality of life is strongly linked to age and education, occupation, religion, number of children and source of income. Widowhood can lead to a shift in roles and identity and social status, impacting self-esteem and social standing. The study reveals the need for improving the quality of life among widows. Recognizing the significant impact of psychosocial challenges on the quality of life of widows, it is important to offer assistance and interventions such as psychological support, group support, financial assistance, legal and advocacy assistance and social programmes. A study can be conducted on the impact of online support groups in addressing psychosocial challenges among widows. Interventional research can be undertaken to assess the effectiveness of various psychological, social and financial interventions in improving the quality of life among widows. A study exploring the effect of psychosocial challenges on quality of life among widowers can also be conducted

### Declaration by Authors

**Ethical Approval:** Approved. Ethical clearance for the study was obtained from the Ethical clearance Committee (LCN/08/064/2024,)

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**Conflict of Interest:** The authors declare no conflict of interest.

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