



EVALUATION OF MENTAL AND PHYSICAL HEALTH ISSUES CONCERNING WIDOWS AT ANJUTHENGU, A COASTAL TOWN OF KERALA

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ABSTRACT

Widowhood is the transition of a women from wife to widow after losing her partner. It is the most challenging period in the lives of women as they become vulnerable and leaves them in a state of loneliness. The objectives of this study is to assess the health problems of widows at the rural coastal town of Anjuthengu and to derive the best possible ways to improve their quality of life.

INTRODUCTION

In India, National Health Survey 1998-1999 (NFHS – 2) data has given an estimate that there are more than 33 million widows comprising of 8% of the total female population. The death of woman's husband marks her transition from wife to widow. The widows are physically deprived. (K.Devi & Rotti, n.d). This process of losing a spouse and dying shortly after is also called "dying of a broken heart." Becoming a widow is often a very detrimental and life changing time in a spouse's life that forces them to go through changes that they may not have anticipated to make for a significant amount of time. Responses of grief and bereavement due to the loss of a spouse increases vulnerability to psychological and physical illnesses (Ramadas et.al, 2013).

Psychologically, losing a long-term spouse can cause symptoms such as depression, anxiety, and feeling of guilt. Physical illnesses may also occur as the body becomes more vulnerable to emotional and environmental stressors. There are many factors that may be affected when one become

a widow. A widow tends to have a decline in health regulation. Higher prevalence in mortality rates are noted among bereaved spouses during the first six months of bereavement compared to the last six months of bereavement. The most crucial are said to be the first three months during grief processing. Grieving spouses are more vulnerable during these few months not only health wise but socially and physically. During this early period, spouses tend to have less interest in their health as well as physical appearance caring less about continuing with medications or adapting healthy behaviours such as eating healthy or exercising. Also, they are likelier to practice risky behaviours and commit suicide. Women on the other hand, are more likely to look for social support such as friends, family, or support groups (Boyle et.al, 2011).

Mental health alterations include those of depression and socially extracting themselves were the most common for women who have become widowed in the past year or so (Wilcox et.al, 2003).

EFFECTS OF WIDOWHOOD

1. Gender difference	Women are more likely to socialise and maintain their relationships than men.
2. Dietary health	Weight loss, since they have to eat alone.
3. Mental effects	Depression.
4. Takotsubo	A condition referred to as the broken heart syndrome.
5. Effect on Social life	Women tend to socialise than men. Elderly women were more or less involved in social activities.
6. Urban and Rural variation	Elders in urban areas showed higher mortality rates.

EFFECTS OF WIDOWHOOD

1. GENDER DIFFERENCE: Both men and women respond differently to the death of their spouse. In general, men tend to be more vulnerable to the widowhood effect. Men are affected more socially than women. Women tend to maintain social relationships and friendships outside of marriage. They maintain their relationships and lean on them for support after their spouse dies. (Umberson.D, 1992)

2. DIETARY EFFECTS OF WIDOWHOOD:

The recently widowed individual is forced to change their everyday routine, which often puts immense stress on the widow. Researches has found that surviving spouses tend to experience significant weight-loss after the death of their mates. It has been theorized that these changes in weight are the result of differences in dietary intake before and after the death of a spouse. Danit. R. Shahar et.al, (2001) hypothesized that this weight loss was the result of the widows not finding as much enjoyment in eating as they once did. This lack of fulfilment during meals was co-related to lack of companionship while eating. (Shahar et.al, 2001)

3. MENTAL EFFECTS OF WIDOWHOOD:

The death of a spouse can have a major impact on a person's mental health. Each individual may respond to their spouse's death differently. After the death of a spouse many widows resort to take more prescription medications for mental health issues. (Avis et.al, 1991). Women may have an easier time adapting to widowhood and be more willing to seek mental help while men tend to be less social and do not like to do chores, go to church, or help their children (Lee, G. R, 2001).

4. WIDOWHOOD EFFECT ON SOCIAL LIFE:

Elderly widows experience changes in their social lives prior to and following the deaths of their spouses. A study conducted by Rebecca L. Utz et.al. (2002) revealed that elderly persons experiencing widowhood spent more time with family and friends than non-widowed counterparts, based on the lifestyle changes that occur in elderly couple. Elderly widows get more or less involved socially depending on the amount of support they have from family and friends.

5. TAKOTSUBO EFFECT:

Takotsubo, a condition referred to as the broken heart syndrome has been discussed in the recent researches. It has been discussed in contexts surrounding great physical and emotional stress has long been associated with myocardial infarction. In their research, Brenn and Ytterstad saw an increase in death of women 55-64 years old due to heart disease in the first week of widowhood than married woman 55-64 years old (2016).

Although takotsubo is not considered to be the direct cause of death, it is an observed phenomenon. (Brenn, 2016).

6. URBAN AND RURAL VARIATIONS:

A 2015 study conducted by Rosato O'Reilly and Wright revealed that there is a significant difference in the social environment as well as in health outcomes. Moreover, the study also found differences in urban and rural areas around the world. Older people living in rural areas receive more social support from their families, and they live with their children, while in urban areas elder people live in care homes. As a result, mortality rates are greater in urban areas and less in rural areas.

ANJUTHENGU:

Thiruvananthapuram District is the southernmost district of the Indian state of Kerala. The headquarters is in the city of Thiruvananthapuram (Trivandrum) which is also the capital city of Kerala. It is divided into four taluks: Thiruvananthapuram, Chirayinkeezhu, Nedumangad, and Neyyattinkara.

Anjuthengu (Five Coconut Palms) formerly known as Anjengo or Anjenga, is a coastal town in the Thiruvananthapuram District of Kerala. Anjengo is located in an oxbow at the mouth of Parvathy Puthanar canal (The Times of India). Originally, it was an old Portuguese settlement between Kollam and Thiruvananthapuram, and near Varkala. (keralatourism.org). It is upto an area of 3.36km² at Chirayinkeezhu block (lsgkerala.gov.in). In 1694, the Queen of Attingal granted the British East India Company (EIC) the right to establish a factory and a fort at

Anjengo, which became the Company's first trade settlement in Kerala. In the 19th century, the town remained known for its excellent ropes (manufactured from the local palms) and also exported pepper, homespun cotton cloth, and drugs. The town contains old Portuguese-style churches, a lighthouse, a 100-year-old convent and school, tombs of Dutch and British sailors and soldiers, and the remains of the Anjuthegu Fort. Anjuthengu has a beautiful and clean beach. Fishing boats lazily parked on the hot sand and nets drying in the sun are worth seeing. Kaikara village, the birth place of the famous Malayalam poet Kumaran Asan, is located nearby.



Anjuthengu has a historical importance as Attingal Revolt, The first revolt against British took place here in 1721. The war was headed by Attingal queen (Trivandrum.indian).

According to 2001 Census data, population was only 16732. In 2019, it raised upto approximately 27000, with male population slightly more than female population.

No. of Wards	14
Total population	27000
Males	14252
Females	12748

There are 14wards in total. People of 1-6 wards are mostly (90%) Hindus, with a comparatively small number of Christians and Muslims. These wards comprises government

RESEARCH METHODOLOGY

A cross-sectional study was conducted at Anjuthengu, a coastal town in Chirayinkeezhu block

employees, labourers, coir workers etc. Other wards (7-14) belong to Christian community and are mostly fishermen. Muslims are comparatively very low in Anjuthengu.

Each ward has an ASHA worker, recruited under NRHM. The National Rural Health Mission (NRHM) – an articulation of the commitment of the Government of India to raise public spending on health, is a National effort at ensuring effective health care through a range of interventions at individuals, households, community, and most critically at the health system levels.

The objective of this study is (i) To assess the physical and psychological health issues of widows at Anjuthengu. (ii) The effect of widowhood on socioeconomic factors, social support and health behaviour.

of Thiruvananthapuram district. Complete details of the widows (n=857) living in Anjuthengu was

obtained from Panchayat. They receive a reasonable widow pension from panchayat.

After identifying the widows, further progress of research was carried out with the help of ASHA (Accredited Social Health) workers, who took lead to anchor the programmes. Before starting the research, health workers were interviewed to obtain maximum information related to the subject of the study. Data collection was done by informal discussions and interviews.

For the purpose of the present study, age, education, employment and socio-economic factors of widows were taken into concern. Women from the study population are found to be educationally backward. Due to this reason, a higher representation was found in secondary or less than secondary level of education. Study was conducted around August to September 2019. All widows of

the area were selected and those migrated were excluded from the study.

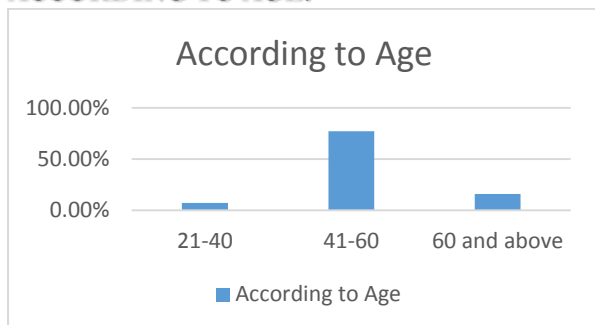
STUDY TOOL: During the course of study, the general health of a widow was assessed. Those who exhibited a minor psychological effect was further interviewed using PHQ-9 (Patient Health Questionnaire) by the ASHA workers. PHQ-9 is the questionnaire used in this study. It is the most validated tools in mental health and can be a powerful tool to assist clinicians with diagnosing depression. The advantage of using PHQ-9 is that it is shorter than other depression rating scales and also facilitates diagnosis of psychological problems.

Along with PHQ-9 scale, personal questions were asked to determine the physical health of the subjects. Personal interviews were conducted by ASHA workers.

RESULTS AND ANALYSIS

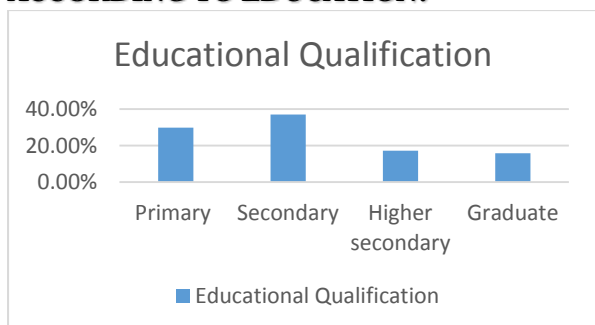
Analysis of the study was done in different ways so as to draw a clear conclusion.

ACCORDING TO AGE:



When age is considered, widows aged between 30 years to 90 years were covered through the study. Of these, a good number i.e 77.12% belonged to middle age (41-60). Those belonging to adulthood (21-40) were only 7.12% and elder years (61 and above) were 15.75%.

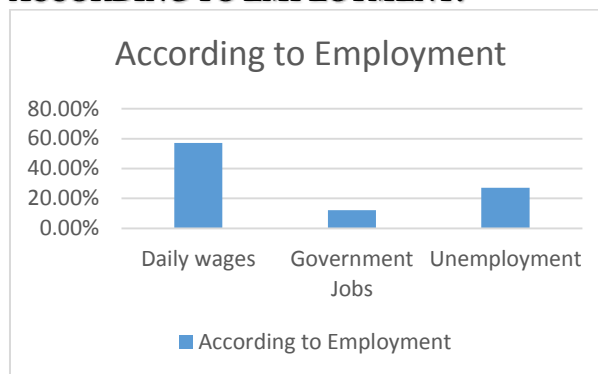
ACCORDING TO EDUCATION:



On considering the education, women were either house wives or who were engaged in low profile jobs like coir workers, labourers etc.

From the bar graph, it is obvious that majority of the women had only upto Secondary education i.e. 37.10%. Those gained primary education comes next i.e. 29.87%, whereas, who completed higher secondary and graduate education were only 17.26% and 15.75% respectively. Women of Anjuthengu were found to be educationally backward.

ACCORDING TO EMPLOYMENT:



A cursory glance at the bar graph reveals that majority widows of Anjuthengu are either unemployed or work for daily wages. It is reported that women losses their family income, once their husband dies leaving them in a financial crisis, forcing them to work for lower wages.

WIDOWHOOD:

Women, once they become widows, require greater attention and care than before. It has a major impact on their physical and mental health. To assess this, their domicile and information on care takers were acquired from the ASHA workers. Some widows live in old age homes, some are taken care at homes, whereas some are left alone at home

without any care. This evaluation is important in the study.

There are 45 women (n=45), who became widows within the past 6 months. They exhibited a high rate of depression. Those women whose husbands died over 1 year (n=715). They were found to be in a state of moderate depression along with sense of loneliness.

CONCLUSION AND RECOMMENDATION

The study focused on determining the physical and mental health issues of widows at Anjuthengu. The results of the study shows that mental health of these widows were widely affected by widowhood. All widows complained “a sense of loneliness” in their hearts. Some women are suffering from comorbidities such as diabetes, hypertension etc but cases of affected physical health were reported.

To conclude widowhood has a direct impact on the mental health of women, whereas physical health is rarely affected. The government of Anjuthengu is working immensely to support the lives of widows. ASHA workers offers frequent visits to the houses of widows to provide them with primary health care. Government have passed various schemes to extend their social and financial support to widows. Schemes namely Ashraya and Padheyam schemes.

1) Ashraya Scheme:

Ashraya is an integrated project aimed at identification and rehabilitation of destitute families. Started in 2002 as a follow-up of the Kudumbashree initiative to identify the families that had been left out even from the outreach of decentralised planning and poverty alleviation programmes. The mini projects through this scheme is funded by Grama panchayats, District panchayats and State government funds.

2) Padheyam Scheme:

It is a project put forward by Thiruvananthapuram district panchayat aimed at a hunger free district. The initiative was launched in 2016 – 2017, and now benefit over 5,000 people. It

Women above the age of 65+ (n=49) needs special physical care which is provided by ASHA workers. They are both mentally and physically affected by widowhood. A very few are taken care by their children. Widows between 30 – 60 years are in a state of moderate depression and sense of loneliness. They need very little physical attention.

includes food for destitute and patients in hospitals in grama panchayat.

These two schemes works well in Anjuthengu, through which widows earn a livelihood. Moreover, each ward is has an ASHA worker who works selflessly for the widows.

CONCEPT OF NANNY:

In-order to eliminate the existing sense of loneliness from workers, it is necessary to keep them engaged in enjoyable works, where they can earn for livelihood. This is attainable if, the concept of “nanny” to be embodied with the support of the state government.

A “nanny” is a person who provides child-care. They become a part of their family’s household. This concept existed in India long ago. It was considered a lesser-than job. But, today’s demand has made it a popular and valued addition to the lives of family’s household. Within UK, to become a nanny, there are certain rules and regulations to be followed. A nanny must be registered, hold a current paediatric first aid qualification and public liability insurance.

Implementation of this concept of nanny in Anjuthengu would be a great social and financial support to the widows. Before that, it is necessary to check the general health of widows, as child care needs greater attention. After a thorough examination of the mental and physical health of widows, along with paediatric first aid training, can be licensed to look after children and appointed as nanny.

Limitations of the study are statistical analysis of the depression scale is not possible as it was done directly by ASHA workers.

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