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# Religiosity, Resilience and Social Support as Protective Factors for the Well-being of Institutionalized and Non-Institutionalised Widows in India

**Gulfisha**
Aligarh Muslim University, India
Email - gulfisha@myamu.ac.in

***Abstract:*** *Widows are one of the most neglected groups of society, face loss and discrimination within and outside of their residences. Consequently, they suffer from severe psychopathological diseases that destroy their well-being. Due to such discriminatory and humiliating behaviour from people around most of the widows prefer to leave or have to abandon their residences. Many researchers have studied the negative consequences of widowhood on widows' well-being, but very few researches are available to answer how these detrimental effects can be reduced and how their well-being can be enhanced. Hence, this study is aimed to explore the protective factors for the well-being of widows. In this way, the role of living environment with the effect of religiosity, resilience and social support on the well-being of institutionalized and non-institutionalized widows has been investigated in this research. It is also to know whether both the groups show any difference on the respective variables. In this study, using purposive sampling, institutionalized (N=100) and non-institutionalized (N= 100) total of 200 widows have been selected and measured on respective variables. With the use of correlational research design, results show that religiosity, resilience and social support have emerged as protective factors for well-being of both groups. However, the contribution of religiosity has been found insignificant for the well-being of institutionalized widows. In addition, both the groups have shown a significant difference on religiosity and resilience but not on social support and well-being.*

***Key Words:*** *institutionalized & non-institutionalized widows, well-being, religiosity, resilience, social support .*

## 1. INTRODUCTION:

As stated by UN Secretary-General Ban Ki-Moon (2014) "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". This statement depicts the pathetic picture of widows who are among the most vulnerable and neglected groups in the world. As per the estimate, there are 5.6 crore widows in India who occupy 4.6 % of the country's total population (Census, 2011). According to census data 0.45% of total widows are child widow (10-19 year), 9.0% are younger adult widows (20-39 years), 32% of late adult widows (40-59 years), and 58% are older widows who are above 60 years (Arora, 2016). Given statistics show clearly that most of the widows are older in the proportion that come under the category of dependent population and are dependent on their family members for their survival. Norm O'Rourke (2004) identified in a research on widowhood that around 20–40% of widowed individuals never lead a normal life completely. In the context of older people, widowhood has a detrimental effect on well-being and changes their life completely (Bennett, Hughes & Smith, 2005). They are more prone to be physically ill after the death of a spouse (Rando, 1984). Similar views also identified in the study conducted by Prigerson, Maciejewski, & Rosenheck (2000) depicted that widowed persons suffer more from depression, chronic illness, and functional disability compared to married people. The state of widowhood becomes more derogatory especially for women who have to live in a state of social exclusion which is called the "State of Social Death" by Giri (2002), an activist for women's rights. It is because of they lose main social and emotional support provider and that leads to social isolation (Somhlaba, & Wait, 2008) and enhances the probability of suicide (Li, 1995). They live with the decline of psycho-physiological health (Wilcox et al., 2003), and disturbed emotional well-being, physical well-being and social relationships (Lund & Caserta, 1998), which are the components of well-being.

Since ancient time there has been a very heinous practice in India called "Sati Pratha means Self Immolation" existed in Hindu religion in which wife of a dead man was forcefully or willingly immolated herself into the funeral pyre of her husband. However, this is now not much prevails into practice but there are some periodic cases that happened in India. For example, Ahmad (2009) reported that an 18 year old young widow in Rajasthan in 1987, a 65 year old widow in Madhya Pradesh in 2002, a 35 year old widow in Uttar Pradesh in 2006, and a 71 year old widow in Chhattisgarh in 2008, immolated herself into the funeral pyre of her husband. In the article "The Analysis of Widowhood in India" written by Sahoo (2014), Sara Barerra said that in India, majority of widows of Hindu community, have to experience various restrictions imposed on their behaviour and living style mainly restriction over their food habits, dressing style, living place, moving out of the house, interaction with society and social gathering. Meera Khanna, writer of a book "Living Death: Trauma of Widowhood in India" said that all these restrictions are

imposed just only not to seduce male. Widowhood itself is considered a very stressful life event for women (Miller & Rahe, 1997) accompanied by low social status in their community (Gupta, Chen, & Krishnan, 1995) and drastic decline in mental or physical health during bereavement period (Wilcox et al., 2003). However, researches have also shown that behavioural practices adopted by widows are mainly governed by social and cultural rules which vary from one culture to another. Supporting this view, a range of research studies identified that widowhood is associated with the decline of socio-economic status and lower level of well-being (Chen, 2001; Eboh & Boye, 2005; & Mannan, 2002). These researches suggested that this is because cultural norms related to widowhood usually consist of various inhuman practices such as the denial of inheritance, restrictions over going outside the home and taking part in economic activities, increase social exclusion, and prohibitions on remarriage.

Although it also needs to mention that these cultural norms related to widows vary across lower and middle income countries: for instance, World Public Opinion (2009) reported that only 7 percent of Thais, and 19 percent of Indians, while 25 percent of Nigerians viewed that widows are substantially marginalized in their society. With reference to India, Jensen (2005) reported that the influence of widowhood on employment, body mass index (BMI), and self-rated health differs considerably according to caste, ethnic group, and religion. Similarly, cultural diversity in widow's behavioural pattern is identified in a research has been done by Huang (2012) who found that in India widow's remarriage is unusual practice while in China it is a common practice. Although the grief of widowhood can be similar for all women but, the degree of this grief may vary according to their religion, societal norms, community, age, socioeconomic status, region, and the cause behind the husband's death. For example the experience of war widows, half widows (in Kashmir), upper-caste Hindu widows, Muslim widows, widows by any riots or natural calamities, widows caused by HIV/AIDS, widows of defenseman, younger widows, older widows, widows having minor offspring, widows with no children, widows living in their homes and widows living in institutions etc. may differ from one another. In some places in India, widows are considering bad omen or financial burden on family members so they are given a separate and excluded place in the house and even most of the time they are thrown by their family members out of the house where they spent their whole life rearing their children. They start bagging on roads or have to approach government or non- government institutions calling "widow's ashram". These institutions are very much located in the states of Maharashtra, Bengal and at Mathura (Vrindavan) in Utter Pradesh, India.

Vrindavan is a city in the district of Mathura (in Utter Pradesh province, India), known as a land of widows. According to an estimate, there are 5,000-6,000 widows are living in the government and non-government institutions of Vrindavan (India Today, 2019). Due to the abundance of widows come from all over India, this city is famous as Widows' Home. There are ample of institutions where widows get free food, lodging, clothing, medical add, minimum financial support in the form of widow pension by government or alms by NGOs or visitors. Because of the religious significance of Vrindavan, widows come here with the hope of mental peace and the source of living. But after coming here, memories of their family members, children, and grandchildren, their locality and relatives disturb them severely. Their pain of widowhood is multiplied by remembering the neglected and offensive behaviour of their family members. Despite receiving adequate tangible resources in institution, they don't find anyone who can give them unconditional love, care, support, and respect etc. To reduce their grief and level of loneliness they start visiting temples and involve in religious practices such as chanting mantras, singing the religious songs, praying, dancing, worshipping of God, participating in a religious gathering, and in return of they get 2 to 5 rupees in a day. In the institutions of Vrindavan, widows spend their most of time in religious activities. They incline towards God or supernatural power to seek mental peace and life satisfaction. Studies also revealed that higher involvement in religious activities lead to a higher level of happiness and satisfaction in the life of people (Diener, Suh, Lucas, Smith, 1999; Myers, 1992; & Veenhoven, 1984), which are the correlates of well-being. Well-being has been defined in various ways but generally, it can be referred to as optimal psychological functioning with experience (Ryan & Deci, 2001). Huppert, Baylis and Keverne (2004) called well-being as a positive and sustainable state of individuals, groups or nations to grow and to attain a full flourished life. Although, in general, research evidence has proved that, widowhood declines the living standards of women at various indicators of life. It increases financial, social and psychological disturbances and considered one of the most stressful states in their life (Wilcox, et al., 2003). Religiosity is the behavioural expression of religious thoughts and beliefs on any supernatural power express in the form of praying, fasting, chanting mantras and performing religious rituals, etc. The Individual adopts or follows any religious instruction to seek peace/satisfaction and direction in life especially in hard times. Shafransky & Maloney (1990) explained religiosity in terms of attachment toward the practices and faith of any religious institution. Durkheim (1947) conceptualized religion as a source of social integration with positive results for individual behaviour and health. Various researches also depict that religiosity inserts positive influence in human life. Pargament & Park (1997) found religion as an effective coping mechanism, which leads to the way of meaning in life (Park, 2005). It is also helpful to the subjective and physical well-being among older adults (Johnson, 1995; Levin, & Markides 1998; & McFadden, 1995). Religious beliefs have been found facilitating for optimism which increased mental health of elderly population (Harvey, Musa, Silverman, 2003). Resilience is an ability of individual to come

out from the stressful situation effectively. Richardson et.al., (1990) defined resilience as "the process of coping with disruptive, stressful, or challenging life events in a way that provides the individual with additional protective and coping skills than prior to the disruption that results from the event". Very precisely, Higgins (1994) called resilience a "process of self-righting or growth" while Zautra, Hall, and Murray (2010) described resilience as a successful adjustment in difficult situations. In a research conducted by O'Rourke (2004) results have shown that widows who were higher on psychological resilience were also higher on the correlates of well-being. Social support is defined by Thoits (2010) as "emotional, informational, or practical assistance from significant others, such as family members, friends, or co-workers; (and that) support actually may be received from others or simply perceived to be available when needed." Social support consists of that characteristic of relationships which induces a feeling of self-worth and avail resources in dealing with adverse circumstances of one's life (Gabe, Bury, & Elston, 2004).

### 1.1. Purpose of the present study:

Earlier researches have given the evidence of widows' disturbed well-being. However, this research gives the answer to enhance the level of their well-being by studying the protective factors like religiosity, resilience and social support in the context of their living environment. For this purpose total 200 widows have been studied on respective variables. Therefore, more precisely the objectives and hypotheses have been prepared as follow.

### 1.2. Objectives of the study:

- To examine the relationship of religiosity, resilience and social support with well-being
- To compare institutionalized and non-institutionalized widows on religiosity, resilience, social support and well-being
- To examine the effect of religiosity, resilience and social support on the well-being of institutionalized and non-institutionalized widows

### 1.3 Hypotheses of the study

- H1a: Religiosity, resilience and social support will be correlated with well-being
- H1b: Institutionalized and non-institutionalized widows will be differ on religiosity, resilience, social support and well-being
- H1c: Religiosity, resilience and social support will produce an effect on well-being of institutionalized and non-institutionalized widows

## 2. METHODS:

### 2.1. Participants and their Characteristics:

Total of 200 widows have been recruited as the sample of the study. All widow participants were later adult, belonged only to Hindu religious community, were physically and mentally capable to respond, and could respond either in Hindi or English language. Institutionalized widows (N=100): widows who were living in government institution named "Mahila Ashray Sadan" located at the city Vrindavan in Mathura district, Uttar Pradesh, India.
Non-institutionalized widows (N=100): widows who were living in their home with family members. These widows have been selected from three cities Shikohabad, Firozabad, and Aligarh at Uttar Pradesh in India. All these cities are nearby Mathura district.

### 2.2. Instruments:

All the participants have been measured on the Well-Being Scale developed by Singh and Gupta (2001) consists of 50 items with five-point response categories. Test-retest reliability and split-half reliability of the scale is to be found 0.98 and 0.96 respectively. Religiosity has been measured by Religiosity Scale of Deka and Broota (1985) comprises 44 items. The reliability is 0.96. Resilience has been measured by Resilience Scale of Saeed (2008) which contains 44 items. Guttman split-half reliability and cronbach alpha reliability of this scale is found 0.82 and 0.81 respectively. In order to measure social support, participants of the study have been assessed on 15 items Interpersonal Support Evaluation List developed by Pierce, Frone, Russell & Cooper (1996) which is a short version of the 40 item Interpersonal Support Evaluation List developed by Cohen, Mermelstein, Kamarck, & Hoberman (1985). The reliability values of these scales on the targeted sample of this study are found as well-being (0.91), religiosity (0.90), resilience (0.95), and social support (0.90).

### 2.3. Research Design:

Correlational research design has been used to test the framed hypotheses.

### 2.4. Sampling Technique:

Purposive sampling technique is found appropriate for this research.

**2.5. Procedure:**

With the aim of collecting data on the respective scales, widows have been approached. Firstly, the permission and consent have been taken from district administration, institution's authority, and institutionalized widows, while consent from non-institutionalized widows has been taken directly. Thereafter, all the scales have been administered on them.

**2.6. Statistical Techniques for data analyses:**

For analysing the collected data, t-test, Pearson product-moment intercorrelation, and Multiple Regression analysis (Enter method) have been used to test the framed hypotheses.

**3. RESULTS AND DISCUSSION:**

**Table 1: Mean, SD and Intercorrelations of Religiosity, Resilience and Social Support with Well-being (N=200)**

| Variables | Mean | SD | X1 | X2 | X3 | Y |
|---|---|---|---|---|---|---|
| X1 | 164.57 | 20.896 | 1 | | | |
| X2 | 106.26 | 21.832 | .079 | 1 | | |
| X3 | 32.07 | 8.365 | .091 | .307** | 1 | |
| Y | 137.09 | 23.740 | .212** | .568** | .590** | 1 |

**. Correlation is significant at the 0.01 level (2-tailed).
X1=Religiosity, X2=Resilience, X3=Social Support,
Y=Well-being

Table 1 shows that religiosity has a positive and significant correlation with well-being only. It has positive correlation with resilience and social support also but these correlations are not significant. Resilience has a positive and significant correlation with social support and well-being. However, well-being is found positively and significantly correlated with religiosity, resilience and social support.

**Table 2: Showing the difference between institutionalized (N=100) and non-institutionalized widows (N=100) on religiosity, resilience, social support and well-being**

| Variable | Group | Mean | SD | df | t | p | Cohan's d |
|---|---|---|---|---|---|---|---|
| X1 | A<br>B | 170.11<br>159.02 | 21.679<br>18.591 | 198 | 3.883 | .000 | 0.549 |
| X2 | A<br>B | 97.40<br>115.11 | 18.418<br>21.459 | 198 | 6.263 | .000 | 0.885 |
| X3 | A<br>B | 31.04<br>33.10 | 7.534<br>9.041 | 198 | 1.750 | .082 | 0.247 |
| Y | A<br>B | 136.18<br>137.99 | 21.884<br>25.540 | 198 | .538 | .591 | 0.076 |
| | | | | | | | |

Group: A=Institutionalized Widows, Group: B=Non Institutionalized widows
X1=Religiosity, X2=Resilience, X3=Social Support, Y=Well-being

Table 2 illustrates that institutionalized widows have been found higher on religiosity in comparison to non-institutionalized widows. The reason behind is that these widows live in the institution located in the religious city Vrindavan where they are allowed to move freely to the temples and participate in religious gatherings. In that institution, they have no responsibility for the family. Therefore, they can easily spend their time in worshiping Lords and chanting mantras, while non-institutionalized live with their family members in their society where they find comparatively less opportunity to participate in religious activities. On resilience, non-institutionalized widows have been found higher in comparison to institutionalized widows. This is because these widows live in their home with their family members where they could even interact and communicate with them. Like Ungar (2008) suggested that individuals can be resilient when they have health promoting-resources provided by the individual's family, society and culture reasonably. Further non-institutionalized widows have been found insignificantly higher on social support and well-being in comparison to institutionalized widows.

**Table 3: Multiple regression analysis for the groups of institutionalized widows (Group=A) and non-institutionalized widows (Group=B)**

| Group | Model | β | Multiple R | $R^2$ | $R^2$ Change | df | f | p | Cohan's $f^2$ |
|---|---|---|---|---|---|---|---|---|---|
| Group A | a | .138 | .138 | .019 | - | 1,98 | 1.905 | .171 | 0.019 |
| | b | .604 | .604 | .364 | .345 | 1,97 | 27.789 | .000 | 0.572 |
| | c | .441 | .736 | .541 | .177 | 1,96 | 37.725 | .000 | 1.178 |
| Group B | a | .392 | .392 | .108 | - | 1,98 | 11.874 | .001 | 0.121 |
| | b | .562 | .641 | .411 | .303 | 1,97 | 33.907 | .000 | 0.697 |
| | c | .464 | .780 | .609 | .197 | 1,96 | 49.789 | .000 | 1.557 |

a. Predictor: (Constant), religiosity,
b. Predictor: (Constant), religiosity, resilience
c. Predictor: (Constant), religiosity, resilience, social support
d. Criterion: Well-being

Table 3 explains the effects of predictors on the criterion variable. In the context of institutionalized widows, in the model a, the value of $R^2$ is showing only 1% insignificant effect of religiosity on their well-being. The contradictory result has come out showing that despite having a positive and significant correlation with well-being religiosity does not produce significant effect on their well-being. This can be answered by the study of Richardson & Balaswami (2001) who also found out that participants who involved in religious practices regularly like daily church-going, experienced more negative affect and less positive affect due to abandonment and derogatory behaviour from the people around during the bereavement period. Therefore, this might be the reason for institutionalized widows also. In model b, religiosity and resilience collectively have shown 36% effect on their well-being. Further in the model c, when social support has also been combined with religiosity and resilience, it has produced 54% significant effect on the well-being of institutionalized widows. In the context of non-institutionalized widows, in the model a, the $R^2$ value is describing that religiosity alone has produced 10% effect on the well-being of non-institutionalized widows. Further, in the model b, when combining with resilience, religiosity has inserted 41% influence on their well-being. In the model c, all three predictor variables as religiosity, resilience and social support have collectively produced 60% effect on the well-being of non-institutionalized widows. Therefore, the effect produced by all these predictor variables has been found significant. Earlier studies are available to support the results of this research. Dezutter et al. (2006) identified that religious orientation and social-cognitive approaches to religion are significantly correlated with well-being. O'Rourke (2004) who examined the relationship between psychological resilience and well-being among 232 widows. The results of this study suggest that psychological resilience is positively associated with satisfaction of life and inversely related to psychiatric distress (both are the correlates of well-being) among widows. Researches also provide strong base for the results of this study showing that widows who have positive relations with family and friends, also have better levels of self-efficacy and emotional resilience (McAuley et al., 2007). Likewise, Karen et al., (2007) studied that social relationship provides a beneficial base for adjustment in widows' life. Various researches have also proved that relationship with family and friends decreases the level of depression and promotes health of widows (Hooyman & Kiyak, 2010), and also induces a sense of integration and related to self- rated well-being or quality of life among widows (Banegas, Perez-Regadera, Cabrera, & Rodriguez-Artalejo, 2005). However, in both the groups, the well-being of institutionalized widows has been influenced less by religiosity, resilience and social support in comparison to non-institutionalized widows whose well-being is influenced much by these protective factors. This result has been supported by a research of Ranjan (2001) who found that deprivation of family, social restrictions and living environment in widows' institution become a major cause in declining the well-being of those widows who were living in institution comparatively to those widows who were living in their home. Therefore, this study suggests that along with the studied protective factors, living environment can also play a major role in widows' life.

## 4. CONCLUSIONS:

- Widows' well-being has been found positively and significantly correlated with religiosity, resilience and social support. However religiosity has shown insignificant correlation with resilience and social support. Positive and significant correlation also emerged with resilience and social support.
- Non-institutionalized widows have shown significantly higher level on resilience, social support and found insignificantly higher on well-being in comparison to institutionalized widows who have been found significantly higher on religiosity only.

- Except religiosity, resilience and social support have emerged as significant predictors for the well-being of institutionalized widows. However, religiosity, resilience and social support emerged as significant predictors for the well-being of non-institutionalized widows.
- Therefore, collectively is can be stated that along with the emerged variables, home environment can also be the protective factor for the well-being of institutionalized and non-institutionalized widows.

**4.1. Limitation with further research suggestions:**

To generalize the results of this research certain limitations should try to eliminate:

- The sample is very less and restricted only to a certain group of widows. Therefore large no. of participants from different region, communities, and institutions should be considered that can enhance the effectiveness of the results.
- Despite having the evidence of positive effect of religiosity, this factor has been emerged as less influencing for participants of this study. The reason behind may be that the religiosity scale used on these participants is one-dimensional does not measure religious belief and religious behaviour separately. And also the widows have been measured on religiosity after the death of a spouse could not claim that they were also religious before husband's death and may be possible that they hold religion after spouse death just to seek better social and mental health. Therefore to measure religiosity, a multidimensional scale should be used.
- Apart from studies factors, other factors like income, education, employment, and role of NGO'S and government etc. should also be studied to know their positive effect on widows' well-being.
- As the contribution of social support on the well-being of widows living with their family member is found very effective, so government should make policies so that no widow has to abandon her home.

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