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MENTAL HEALTH AND WELL BEING OF WOMEN DURING LOCKDOWN PERIOD OF COVID-19 PANDEMIC: A SOCIAL-PSYCHOLOGICAL STUDY

DR. MEERA MANJUL

Assistant Professor, Department of Life Long Learning, Himachal Pradesh University, Summer Hill, Shimla

Abstract

In the present study have been described the factors affecting the lives of urban and rural women in their mental health and well-being . The health status of women affected by their living standard of life. The determination of women's mental health through a stigma of mental illness and gender perspectives. It is argues for the importance of addressing stressfull moment, the need of women's particular health have been neglected in a male-centred models of health. A women in a social context is seen as parents and their roles have been demonstrated from their life within the family and society as well as. This paper draws attention to the women looking at mental illness alone and also illustrated the well-being factors affecting the lives of women 'health. Urban women were higher on overall mental health and its sub-factors, positive self evaluation, perception of reality, integration of personality were higher than rural women but the autonomy, group oriented attitudes and environmental mastery were higher of rural women as compared to urban women. The study initially involved universal sample of 200 women (100 each from urban and rural women) living in Shimla district . From these two groups, 100 urban and 100 rural women were selected randomly on the basis of their age and education level. The age limit of the participants in the urban group ranged from 16 to 49 years whereas, for the rural women group the age limits ranged also as well as same and the participant must be a qualified graduate in order to be a participant in the study. There are two measures applied for this research: Mental Health Inventory (Jagdish and Srivastava, 1983)and General well-being (Verma and Amita,1989) The main findings of this study i.e. urban women were higher on overall mental health and its sub-factors, positive self evaluation, perception of reality, integration of personality were higher than rural women but the autonomy, group oriented attitudes and environmental mastery were higher of rural women as compared to urban women. Rural women were higher on well being as compared to urban women. Overall, well being emerged as a predictor among rural women.

Keywords: Key words: Mental Health, Well-Being, Rural Women, COVID-19 Pandemic.

INTRODUCTION

The world is facing major health challenge due to the pandemic spread COVID-19. Besides being a big health challenge, for human beings this pandemic has caused social-psychological and behavrioural disaster. This has put everything on hold. In order to avoid its lethal damage, most of countries in the worlds are operating lockdown with varied degrees to strictness. At present, the scope of damage done by the corona virus is not clearly measurable in context of anxiety, stress, depression and other manifest and inert psychological problems.

Lockdown is being seriously associated with mental health problems and damage to well being of humans. COVID-19 has initially been seen as a cause of viral pneumonia during the chaos of an explosion of cases in China, but now it has emerged as an enigmatic pathogen capable of harming the body in a myriad of unexpected ways. Clinical manifestations range from common cold-like symptoms and bronchitis to more severe disease such as pneumonia, severe acute respiratory distress syndrome, multi-organ failure and even death. The illness may occur as a direct result of viral infection, as well as the body's response to it. The lockdown during the times of COVID-19 pandemic has put all humans under varied range of social-psychological problems but the women are the most affected. It is being presumed that while the women in the pre-COVID-19 were not safe, the lockdown has raised various forces and factors that has increased the probability of different forms of violence against them within and outside family. This situation has challenged their mental health and well being to large extent.

Based on the past studies, it may be said that mental health consequences such situations like lockdown and shame and guilt, phobias and panic disorders associated with COVID-19 are physical inactivity, poor self-esteem, post traumatic stress disorder, psychosomatic disorders, smoking, suicidal behaviours and self-harm. This is also most likely undermines the sexual and reproductive health of the women and also has harmful effects like unwanted pregnancy and gynaecological disorders ((Khan et al,1996, Golding and Taylor,1996,Stark et al,1979, Fowler,2009). Human cost of such pandemic is not measurable, especially when it comes to psychological damage. The question remains to answer in this situation about the understanding of women about violence against them, their resistance and retaliation and their responses to the violence coming across their lives during the lockdown and the times of COVID-19 pandemic. Health and well-being in general is an important concept of human kind to measure their quality of life. According to WHO defined the word Health in its broader sense in 1946 as "a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity?" Similarly, mental health encompasses components of psychological, physical and social well-being. Mental health promotion is any action taken to maximize mental health and well-being among populations and individuals, whereas mental health prevention is concerned with avoiding illness. In order to achieve better mental health

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outcomes for women and men we need to tackle the social context of individual behaviour and empower individuals and communities to make positive change.

O' Leary (1999) observed that severity of physical harm is likely to be related to lower psychological well being and mental health. Muldoon et al (2009) have found that psychosocial well being is closely associated with the nature and type of violence. Henton et al (1983) have found that violence and well-being are closely related. Their results showed that 60.3% felt angry, 57.5% felt hurt, surprised or sorry was the feeling of 34.2% and 31.5% were scared. Burcky et al (1988) have found that 12% of their sample of adolescent females said that no particular effect on their emotional state and 56% said that incident upset them.

Dutton and Painter (1981) and Griffing et al (2002) have found that a cyclical pattern of loving behaviours (rewards) coupled with intermittent violence (assault) may actually increase the abused partner's dependence on the abuser. Traumatic bonding is a negative outcome because it may place a battered women's persistence in the relationship and diminish her resolve to leave. Deaths of women are extreme outcome of ill treatment, psychological abuse, or physical violence suffered by women. Many battered women report high levels of fear and that women report high level of fear (Short et al, 2000) even non-physical forms of abuse can create extraordinary levels of foreboding in victims (Jacobson et al, 1996). Mesch (2000) in his survey of 300 women has found that 10% reported they feared violence by their male partners. The major reasons behind such fear are possibility of another assault (Langford, 1996).

McLanahan and Sandefur (1994) found that adolescents from abused partners tend to have higher rate of drug use, premarital sexual activities, poor academic performance and higher rates of dropouts from school. This study also confirms that there is correlation between parent's academic achievement and psychosocial well being or children in family, and that children in single parent homes tend to have lower academic self-concepts. Going beyond, the relationship of socio-demographic and psycho-social factors as well as mental health and well being with violence against women, it may be said that women face interpersonal violence in every stage of their life. However, the adult and aged are more vulnerable group of women (Karlekar, 1995; Babu and Kar, 2009). The forms of violence are slapping, kicking, tearing hair, pushing and pulling, hitting with an object, attempting to strangulate and threatening (Ahuja, 1998). This

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occurs in homes as well as outside home boundaries and the female body is both the objects of desire and of control (Thapan, 1997).

This is a kind of violence that causes serious long lasting physical and psychological effects. This affects people and changes them forever. They experience helplessness, anger, anxiety, depression, fear, post traumatic stress disorders and many other negative reactions (Brewin et al, 2000). They undergo many psychological problems like self-blaming, irritability, feeling guilty that affects their well being and mental health. This also results in specific psychological consequences like suicide or attempt to suicide, depressive disorders, display symptoms of post traumatic stress disorder, chronically fatigue, unable to sleep and eating disorders. In such a situation this study is important as it seek to explore into the psychological conditions of the women to become victims of interpersonal violence and the psychological consequences in terms of their well being. People, in the country like India, where health awareness in care and relatively low as compared to the developed countries, generally, tend to overlook violence due to ignorance and orthodox views towards life (Thara, 2008). In today's world of cut-throat competition in personal as well as professional life these aspects of violence have been becoming more and more challenging for women. Especially, women working in big organizations on high pay packages, sometime realize that the highly demanding and stressful jobs are gradually deteriorating their psychological, physical and social relationships.

WOMEN' AND MENTAL HEALTH

Women represent a special group for mental health care. The need of women from mental health, point is well recognized in all populations. Though the overall prevalence of mental and behavioural disorders is not different between men and women, anxiety and depressive disorders are more common among women. In addition women are more often the victims of domestic violence. Studies in developed countries have shown than women experiencing domestic violence have higher symptoms of psychological distress and greater frequency of contemplation of suicide (Thara, 2004). Holt et al (2006) conducted a study to assess violence victimization and depression/anxiety among African American and Caucasian adolescents. They investigate the victimization in dating relationships was examined among 681 African American and Caucasian

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adolescents. Results indicated that 37% reported physical dating violence and 62% reported emotional abuse in dating relationships. Greater physical and emotional dating victimization was associated with more anxiety/depression. Moreover, social support moderated the association between victimization and psychological well-being, particularly for African American males.

Self-Brown et al (2006) conducted a study on effects of community violence exposure and parental mental health. Hierarchical regression analyses were conducted, and results indicated that, after controlling for demographic variables and family violence exposure, parental mental health emerged as a moderating variable in the relation between CVE and adolescent-rated PTSD, but not in the association between adolescent CVE and depression. Mattila et al (2006) conducted a study on risk factors for violence and violence-related injuries among a random sample of 14 to 18 year-old finns (3319 boys, 3890 girls) were sent a questionnaire on the occurrence of violence and violence related injury. Altogether, 76% responded. Weekly stress symptoms, depressive mood, smoking, drunkenness, peer drug use, previous unintentional injury and not living with both parents predicted both incidents.

Modestin et al (2005) tested the hypothesis that different traumatic experiences will contribute in variable degree to different mental pathologies. A total 223 young adult non-patients were assessed with the help of self-reports. The role of six different trauma experiences (broken home, dysfunctional family, family violence, child sexual abuse, child severe sexual abuse and adult sexual abuse) in six different conditions/pathologies alexithymia, depression, somatization, borderline, overall physical health and overall mental health) was tested in a series of multivariate analyses of variance and of Roy-Bargmann stepdown analyses. The hypothesis was confirmed: individual traumatic experiences were indeed associated with different pathologies. Koopman et al (2005) examined the effects of expressive writing on pain, depression and posttraumatic stress disorder symptoms in survivors of intimate partner violence. Total 47 women completed baseline and four month follow up assessments and were randomly assigned to four writing sessions of either expressive writing focused on traumatic life events or writing about a neutral topic. Main effects were not significant for changes in depression, pain or PTSD symptoms. However, among depressed women, those assigned to expressive writing showed a significantly greater drop in depression.

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Humphreys (2003) examined the resilience in sheltered battered women. While many battered women report physical and psychological distress, others are able to respond to adverse sequelae with less severe outcomes. 50 women (aged 19-60 yrs) completed the conflict tactics scale as a measure of battering experience. The findings of this study indicate that resilience was significantly and inversely correlated with three global measures and five subscales of the symptom checklist-90-revised.

PSYCHOLOGICAL WELL-BEING

Ryff (1989) conceptualise psychological well-being as a positive component of mental health, which can be viewed as a multi-faceted domain encompassing six distinct components, namely, positive self-regard (self-acceptance), mastery of the surrounding environment (environmental mastery), quality relations with others (positive relations with others), continued growth and development (personal growth), purposeful living (purpose in life), and capacity for self-determination (autonomy) (Ryff& Keyes, 1995). According to Ryff (1989) also revealed that the psychological well-being develops through a combination of emotional regulation, personality characteristics, identity and life experience (Helson & Srivastave, 2001), increases with age, education, extraversion and jconscientiousness and decreases through neuroticism (Keys, Shmotkin & Ryff, 2002. According to Helier (983), social well-being may be conceptualised according to individuals' perception of social support. Procidano also defined the conception of perceived social support is understood as the extent to wich the individual perceives that his/her needs for support, information and feedback are fulfilled by friends and family.

Loxton et al (2006) examined the psychological health correlates of domestic violence in a large random sample of mid-aged Australian women (age 47 to 52 years). Logistic regressions were used to investigate the associations between domestic violence and depression, anxiety, psychological well-being, after adjusting for demographic variables (marital status, income management). The results indicate that a history of domestic violence is associated with decreased psychological well-being. Balsam and Dawn (2005) conducted a study on relationship quality and domestic violence in women's same-sex relationships. Degree of loudness, internalized homophobia, lifetime and recent experiences of discrimination, butch/femme identity, relationship quality and lifetime and

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recent experiences of domestic violence were assessed in a sample of 272 predominantly European American lesbian and bisexual women. In bivariate analyses, minority stress variables (internalized homophobia and discrimination) were associated with lower relationship quality and both domestic violence perpetration and victimization. Outness and butch/femme identity were largely unrelated to relationship variables. Analysis revealed that relationship quality fully mediated the relationship between revealed that relationship quality fully mediated the relationship between internalized homophobia and recent domestic violence.

Warren et al (2002) investigated the relationship between mental disorder and violence specifically by examining the relationship between Axis II disorders and community and institutional violence among a cohort of 261 incarcerated women. Drawing from an initial screening of 802 female inmates in maximum security, the researchers identified 200 nonpsychotic women who met criteria for 1 of the 4 cluster B personality disorders, and 50 nonpsychotic women who did not meet criteria for these disorders. Significant relationships were found between antisocial personality disorder and institutional violence, and narcissistic personality disorder and incarceration for a violent crime. Cluster A diagnosis was unexpectedly found to be associated with both incarceration for a violent crime and incarceration for prostitution.

OBJECTIVES

- To understand of the mental health and well-being statuses of women residing in the rural and the urban areas.
- To explore their social-psychological response patterns to the lockdown situations and COVID-19 pandemic
- To assess the correlations of socio-economic status with their mental health and well being.
- To estimate the correlations and differentiation of their mental health and well being level with reference to their residential areas.

METHODOLOGY

The area under investigation shall be selected Himachal Pradesh District Shimla rural as well as urban areas of the State of HP.

SAMPLE

Total population of Himachal Pradesh is 68, 56,509 (Census,2011) out of which 33,82,670 are females (49.33%). A sample of 200 females in the reproductive age group of 16-49 years shall be purposively selected (100 from rural area, 100 from urban area).

DATA

Primary data: Collected by way of a structured interview schedule. Attempt shall be made to develop a few case histories in order to get in depth insight into the problem.

Secondary data: From printed materials and other relevant record.

TOOLS

- Non-Participatory Observation
- Mental health Inventory (Jagidsh and Srivastava,1983) and General well-being Scale (Verma and Verma 1989).

DESIGN

Correlational design was used to study the mental health status, and well-being among rural and urban women. Further, data has also been subjected to t-test and regression analysis. The study is of exploratory and correlational in nature.

Figure -1: Sample

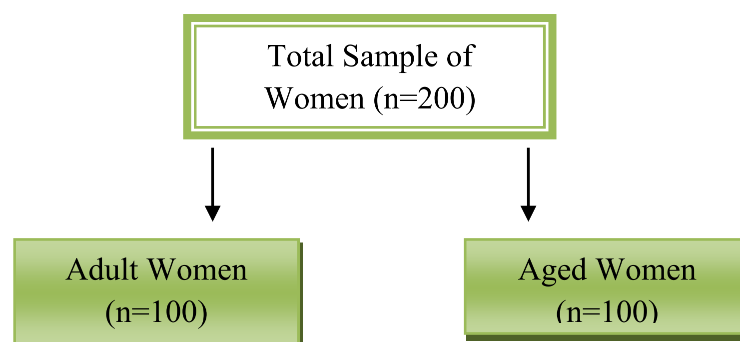

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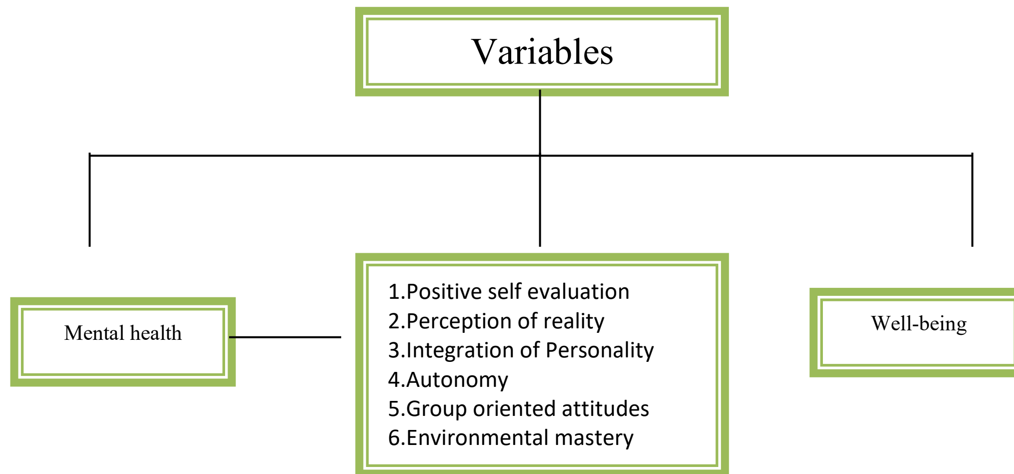
Figure -2: Variables



AREA OF STUDY

The study has been carried out in the Shimla Himachal Pradesh. This is the capital of State and the largest urban area. The total population of Himachal Pradesh is 68, 56,509 (census, 2011) out of which 33,82,670 are females (49.33%). A sample of 200 females in the reproductive age group of 16-49 years shall be purposively selected (100 from rural area, 100 from urban area).

Mental Health Inventory (Jagdish and Srivastava, 1983): It has been designed to measure mental health (positively) of normal individuals. It is a four point scale; there are 46 items in this scale. Lower scores on the measure has been supported to indicate high mental health where as higher scores as the indicative of poor mental health.. The reliability of the scale is .73. There are 6 dimensions of mental health as per this model which are as following:

1. Positive self-evaluation: 1, 7, 13, 19,23,27,32,38,45,51
2. Perception of reality: 6, 8,14,24,35,41,46,52
3. Integration of personality: 2,9,15,18,20,25,28,33,36,40, 47,53
4. Autonomy: 3,10,29,42,42,48,54
5. Group-oriented attitudes: 4,11,16,21,26,30,39,43,49,55
6. Environmental mastery: 5,12,17,22,31,34,37,44,50,56

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SCORING

In this scale, 4 alternative responses have been given to each statement i.e. 4 scores to 'always', 3 scores to 'often' 2 scores to 'rarely', and 1 score to 'never' marked responses to be assigned for true keyed (positive) statements whereas 1,2,3,4, scores for always, often, rarely and never in case of false keyed (negative) statements. Add the items, to assess the positive self-evaluation, perception of reality, integration of personality, autonomy, group-oriented attitudes and environmental mastery of a person according positively and negatively.

General well-being (Verma and Amita, 1989): There are 20 items in this scale. Observations of any unusual nature, restlessness, physical discomfort due to any reason, being in a hurry, a significant even in resent past like death in the family, accident, examination/interview, fatigue, disinterest, etc. have been taken note of and considered while interpreting test results, on the usual lines of a clinical interview. The reliability of the scale is .86.

SCORING

Numbers of ticks are counted and constitute the well-being score of that particular individual at the time.

PROCEDURE

Firstly, the human resource women were requested to arrange interaction session with the rural and urban women respectively. In this session the participants were given a brief overview of the concepts of mental health and well-being. After getting the list of participants who were randomly selected on the basis of age and education and who have given their consent to participate in the study, were contacted individually by the investigator and were assured that the information given by them would be kept confidential. The standard instruction with reference to each scale was administered to each participant. After establishing a good rapport with the subjects, the tester ought to read instructions, while subjects do read them silently along with her. The subjects are asked to respond any one alternative of each item by marking a tick. They were again assured that the data so collected should only be used for academic purpose.

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STATISTICAL ANALYSIS

After collecting all the questionnaires, scoring was done as per the instruction given in the scoring manuals of each variable of mental health, and well-being following test were applied to the data obtained: -

Person product moment coefficient was carried out to determine the nature and magnitude of relationship of mental health and well-being among rural and urban women. To determine differences between high and low performing women viz mental health and well-being t-test was performed. Multiple regression analysis was performed to determine any causal relationship between the mental health and well-being among rural and urban women.

RESULTS

Correlations Analysis urban Women (n=100):

Whereas the correlations are also significant but positive between well being and overall mental health(r==.46**,p<.01) and its sub factors i.e., positive self-evaluation (r=.37**,p<.01), perception of reality (r=.36**,p<.01 (r=.30**,p<.01), autonomy (r=.33**,p<.01), group oriented attitude (r=.34**,p<.01), environmental mastery (r=.29**,p<.01).

The scores of urban women are also significantly and negatively correlated between mental health and well being.

Correlatinal Analysis of Rural women (n=100).

Where as the correlations are also significant and is positive between well being and overall mental health(r==.49**,p<.01) and its sub factors as well, i.e., positive self-evaluation (r=.27**,p<.01), perception of reality (r=.26**,p<.01). Integration of personality (r=.21**,p<.01), , Autonomy (r=.36**,p<.01), group oriented attitude (r=.21**,p<.01), environmental mastery (r=.32**,p<.01).

In nutshell, the results of the present study indicate that the well being is also negatively and significantly correlated with mental health in whole sample among rural and urban women.

t-test Analysis

In order to study the difference between urban and rural women t-test was applied on the scores of mental health and its factors (positive self evaluation,

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Perception of reality, integration of personality, autonomy, group oriented attitudes, and environmental mastery), well being.

The significant differences have also emerged between rural and urban women on their scores of overall mental health (t=3.37, p<.01) and on their scores of its sub factors i.e, positive self evaluation(t=11.55, p<.01) perception of reality (t=7.51, p<.01) integration of personality (t=4.82, p<.01) autonomy (t=.26, p<.01) group oriented attitude (t=9.75, p<.01) environmental mastery (t=5.77, p<.01). The mean scores of urban women are higher than the mean score of rural women on their over all mental health (M (urban) =144.20/ M (rural.) = 136.01) and on the scores of its sub factors i.e. positive self evaluation (M (urban.)=28.41/ M (rural.) =20) perception of reality (M (urban.)=18.45/ M (rural.) =14.61) integration of personality (M (urban.)=31.54/ M (rural.) =27.73) Autonomy (M (urban.)=15.42/M (rural.)=15.52) group oriented attitudes (M (urban.)=24.60/M (rural.)= 29.21) environmental mastery (M (urban.)=25.77/ M (rural.) =28.90)

The significant differences have also emerged between urban and rural women on their scores of their well being (t=-12.94, p<.01) and the mean scores of urban women is lesser than the mean scores of rural women on their scores of well being (M (urban.)=10.38/ M (rural.) =14.03).

In nutshell, the results show that the significant difference among urban and rural women in whole sample on these variables i.e., mental health, and. well being the mean score of overall mental health of urban women is higher than rural women. Further, the score of well being of rural women is higher than urban women.

Regression Analysis (urban Women)

Over all mental health and its sub factors positive self evaluation, perception of reality, integration of personality, autonomy, group oriented attitude, environmental mastery to examine the predicting relationship of well being among urban and rural women separately. Independent variables have been arranged in order of magnitude of their correlation with the dependent variable and stepwise regression is performed. It is obvious that the variance in to be explained by the sub factors of well being have been which have been entered respectively in the step wise regression. Moreover the inter correlation of overall

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mental health with their sub factors are quite high. Therefore, overall well being have taken care the variance to be explained, variance in violence respectively.

Regression Analysis among rural women:

Lastly, step wises regression analysis has been performed in order to see the synergetic influence of over all mental health and its sub factors positive self evaluation, perception of reality, integration of personality, autonomy, group oriented attitude, environmental mastery And well being to examine the predicting relationship of well being on mental health among rural women. Independent variables have been arranged in the order of magnitude of their correlation with the dependent variable and stepwise regression is performed.

It is obvious that the variance in to be explained by the well being have been taken care by which have been entered respectively in the step wise regression. Moreover the inter correlation of overall mental health with their sub factors are quite high. Therefore, overall well being have taken care the variance to be explained.

Well being explained 53% of variance in respectively. It clearly indicates the significant role of well being play in relations to among rural women. The beta weight too indicates the well being .16 have relatively more important than other variables i.e., mental health and its sub factors i.e. positive self evaluation, perception of reality, integration of personality, autonomy, group oriented attitudes and environmental mastery.

FINDINGS

Urban women were higher on overall mental health and its sub-factors, positive self evaluation, perception of reality, integration of personality were higher than rural women but the autonomy, group oriented attitudes and environmental mastery were higher of rural women as compared to urban women. Rural women were higher on well being as compared to urban women. Ultimately, the well-being emerged as a predictor among rural women.

IMPLICATIONS OF THE PRESENT STUDY

The findings of the present study have revealed that the rural women were more stable as compared to urban women or they developed and have relevant skills for the assessment of reality. It is also implies that effort to improve with the help of various training program, improve their well being and mental health in

adequately. The present study has also revealed that urban women are higher on mental health as compared to their counterparts.. The present study has also revealed that rural women are higher on well being as compared to their counterparts, meaning there by that developing the well being with the help them to find meaning and purpose of life.

Simultaneously, efforts should be made to improve psychological health of women through various training programs on motivation, stress management, counselling, mentoring and recreational activities. Further, effort should also be made to improve the relationship among women in this society by creating any environment of trust, respect and understanding resultantly improving their harmonious functioning, performance as well as sorting out their interpersonal conflicts.

Finally, the study has also indicated a negative correlation between mental health and well being among urban rural women. It means that the efforts should be made to improve all these variables.

SINGIFICANCE OF THE STUDY

This study is necessary in view of the fact that in Himachal Pradesh health awareness and care are relatively low to the extent that may be termed as inadequate and miserable in case of women. Given the social and cultural value system prevalent in the State, there is much that remains to be understood about the total set of possible determinants associated with lockdown of COVID-19 with reference to these psycho-social factors challenging their mental health and well-being, the pattern of their resistance and retaliation and understand their mental health and well being status. This study would be indicative of the social-psychological conditions of women-facing-violence and their response patterns and its social and psychological implications to them as well as to the society. Further, this would help in policy formulation processes in the post COVID-19 times.

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