



A Study on Mental Health Status of Elderly Destitute Women in Mysore

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ABSTRACT: The Discarded by families or wandering further and further away from home, their real selves are lost or submerged under layers of dirt and negligence the life of the destitute becomes really worse and miserable. Mental health is recognized globally as being of enormous social and public health importance. Mental health problems currently are said to constitute about eight percent of the global burden of disease and more than 15 percent of adults in developing societies are estimated to suffer from mental illness. The aim of the study was to analyze the mental health status of the destitute. The study was descriptive in nature. The convenient sampling method is adopted and 60 respondents were the sample for the study. The interview schedule is the tool adopted for the study and the data analysis done SPSS 20 version. Out of 60 samples, 39 were destitute who were in destitute homes and 21 who were found on pavements and nearby temples. Results are discussed.

Keywords: Mental Health, Destitute, Elderly women



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1. INTRODUCTION

Everyone has the right to live a dignified life. The constitution of India guarantees basic necessities of life to every citizen. Destitute woman refers to a female who lacks adequate support and encouragement from family members, relatives, sometimes from the society itself and may lead a miserable lifestyle. She may be widowed, abandoned, or left alone without care. "Destitute" in relation to a woman and widow means any female who has no independent source of livelihood or is not being looked after by any family member or relative and includes a divorced woman. When a woman becomes a destitute, she has to face several hardships and disadvantages in day to day life. Sometimes they feel a kind of loneliness, exclusion from the society and others. They may also have to be the victims of sexual abuse, violence, oppression, demoralization, poverty and so on.

Some of the factors responsible for destitution are poverty, personality disorders, sexual dysfunction and other types of maladjustment, family relationships, and sexual harassment and so on. Destitution has become a serious offshoot of family problems in India. Women seem to be always at the receiving end of broken families. This phenomenon shows up not only in the economically backward families but in the well-off ones as well. The studies indicate that it was mostly against their will that women are resorting to the extreme step of taking shelter in some destitute home. Acharya et al (2014) studied on the level of depression, hopelessness, and self-esteem of destitute women in Tripura. The aim of the study was to make an assessment of the

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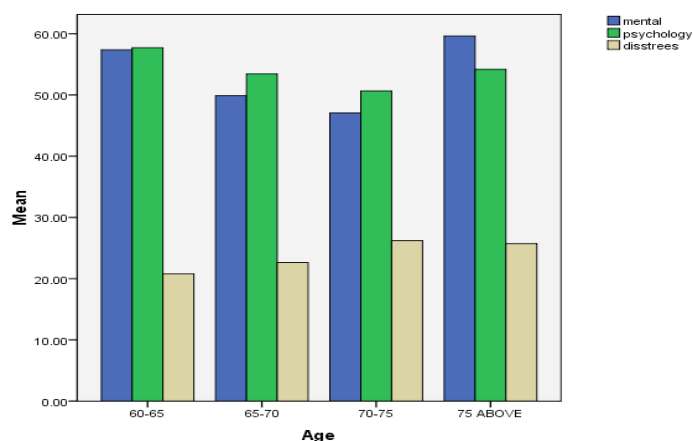
mental status of destitute women. The study was an attempt to measure the amount of depression, hopelessness, and self-esteem of a group of destitute women of Tripura who lived in various destitute homes of this state. Three leading homes who work for the welfare of the destitute women were selected and data were collected from 50 women by using three psychological scales. The Beck hopelessness scale, the Beck depression inventory and Rosenberg self-esteem scale. Data were also collected from 50 non-destitute women of the same age and socioeconomic status. Results showed that destitute women had a higher level of depression and hopelessness, but a lower level of self-esteem than non-destitute women. Significant positive correlation between depression and hopelessness was found, but self-esteem was negatively correlated.

2. Methodology

The present study is an attempt to contribute to the unraveling of this problem. No one can deny that there exists destitution in India. This is also true that there are many number of destitute homes exist different parts of India, however, may be destitute have to face many number of challenges in their day to day life. Through this study, the researchers focus on finding out the mental health status of elderly destitute. The study makes a comparison of mental health among destitute who are staying in destitute homes and others. Objectives of the study: To know the mental health of the destitute who are staying in destitute homes, to know the psychological well-being and distress of the destitute. The researcher has opted a descriptive design for the study. The universe of the study consists of some of the NGOs namely, The Vimala Terminal Care Centre, the Little sister of Poor, The Bapuji Anand Ashram which are meant for accommodating destitute and the pavements and temples of various places in Mysuru. The Convenient sampling method is chosen for the study. 60 respondents were the sample for the study. The researchers have used interview schedule for collecting data. The questionnaire was prepared based on the basis of three different mental health measurement scales, namely Warwick Edinburgh Mental Well Being (WEMBS), Ryff's (1995) Scales of Psychological Well-Being (SPWB) and Kessler Psychological Distress Scale, K-10. Data were subjected to statistical analysis using SPSS.

3. Analysis and Discussion

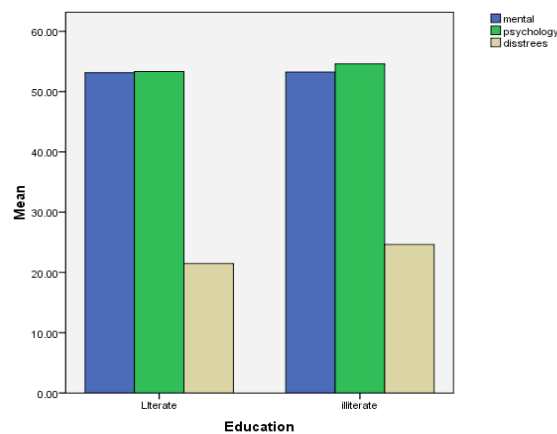
Fig 1: The graph indicates the mental health status of the destitute women in different age groups



In the above graph, X-axis represents the age of destitute and Y-axis the mean scores obtained by the destitute women. Each Bar denotes the mental, psychological, distress components of mental health. From it, we can understand that the mental health status of the destitute women in different age groups. The age limit between 60 to 65 shows a high range of mental health and a low range of distress. It was found that during the age of 65-70 and 70-75 the well-being of the destitute women decreased significantly. We could also see the distress level of the people rising up.

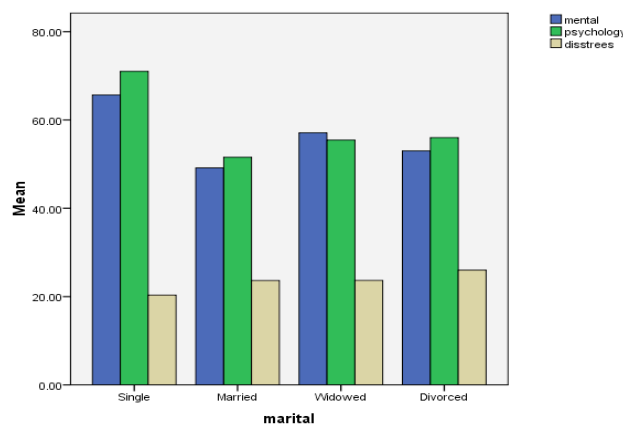
On the other hand, mental health of those destitute (who were above 75) increased dramatically but the distress level remains constant. Thus from the above graph, we can conclude that the level of psychological and mental wellbeing in destitute women may vary in different age groups whereas the level of distress in many cases not vary that much.

Fig 2: The graph shows the mental health status of the destitute women based on their literacy level.



The graph shows the mental health status of the destitute women based on their literacy level. From the graph, it can be interpreted that there is no much difference in the level of wellbeing between the literate and the illiterate group. But when compared to the literate group, the level of distress is higher in the illiterate group. Thus from the graph, it can be concluded that the level of education is not an indicator for well-being in destitute women.

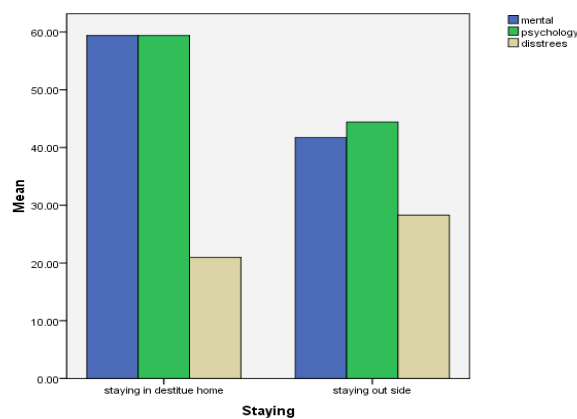
Fig 3: The graph shows the mental health status of the destitute women with respect to their marital status



The figure shows the mental health status of the destitute women with respect to their marital

status. It shows that the level of mental well-being and psychological wellbeing is high in the destitute women whose marital status is single. It was also observed that there is no much difference in the level of wellbeing among the married, widowed and the divorced group. Among the four groups, low level of well-being is reported in the married people. Also in the case of distress, the low level of distress is reported in the non-married women. It is similar for all other categories. Thus it can be concluded that when compared to married, widowed, and divorced destitute women, high level of mental and psychological wellbeing and low level of distress is found in the women whose marital status is single. It may be because the non-married people are not worried about their family or children. And when compared to others, they are not stressed about being abandoned by their own family. Thus marital status can be considered as an indicator of mental health status of the destitute women.

Fig 4: The graph shows the mental status of the destitute women with respect to their stay.



The graph shows the mental status of the destitute women with respect to their stay. As per the graph, there are two types of samples, women staying in destitute homes and staying outside. The graph shows that the level of mental and psychological well being is higher in women staying in the destitute home when compared to others staying outside. And also the level of distress is very low in the people staying in the destitute homes. Thus heir rehabilitation process helps them to stay mentally healthy than who are abandoned in the streets.

4. CONCLUSION

Destitution hinders growth and development of the nation. It is true that destitute homes give safety and security to the destitute but it was found that many of the destitute though living in homes face various kinds of socio psycho problems which lead to the cause of mental disorders in many of them. The government has to provide adequate financial assistance and social support to the destitute by providing them free counseling, psychotherapy, behavior modification therapy and other methods used in mental health. The society, as well as the family, should give support, care love and concern to the aged people. Many become destitute due to the negligence that they face from family as well as the relatives. There are destitute who are found on streets, pavements, nearby temples the government should take effective measures to provide them basic amenities so that their life will be secured. The institutionalized elderly are facing more psychosocial

problems. Older adults should be trained for active aging. Old people should be involved in the family activities and useful works instead of keeping them away.

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