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THE AGONY OF SINGLE MOTHERS IN KERALA

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ABSTRACT:

Parenting is an art where both father and mother works collectively to help their children for survival and autonomy. In the present scenario, the task of parenting is a difficult one. In order to provide a quality life to children, both parents invest their maximum time, effort and resources into the task of parenting. But, nurturing children single-handedly is a difficult process both financially and psychologically. Single mothers often found themselves in agony and distress due to lack of support from family and society. In the present study, the researchers focused on the mental health problem of depression on single mothers of Kerala. To achieve the purpose of the study the researchers collected data from 60 mothers out of which 30 are married and 30 are single mothers. The results of the study revealed that there is no significant relationship between socio-economic background and depression among mothers of Kerala. The study also revealed that marital status has a significant effect on depression among the mothers ($p < .05$). The findings of the study throw light into the agony of the single mothers. The article invites the attention of policy makers and mental health practitioners of Kerala into the miserable life of single mothers.

KEYWORDS: Single mothers, Depression, Mental Health.

INTRODUCTION

The role of a single parent is challenging one especially when the family is headed by a woman. The single parenting form by the death of partner, divorce, separation, and desertion. Even though the single mother has a bitter feeling over their marital loss. They carry a lot of responsibilities on our shoulders as mothers. They faced problems like social, emotional and economic. The financial problem was the main stressor for the majority of single mothers will feel lonely, helpless, hopeless, lack of identity and lack of confidence. These stresses lead to the different mental health problems like depression among single mothers.

The problems faced by single mothers cannot often represent by one research method alone. To carry out an in-depth study of the problems of single mothers Crosier, Butterworth & Rogers (2007) conducted a research. They examined the problems faced by single Indian mothers settled in Singapore. She used both quantitative and qualitative method to study the targeted population. The quantitative portion of this study used survey data obtained from 441 mothers. The results showed that single mothers generally had lower levels of resource adequacy and higher levels of unresolved trauma compared to the mothers from intact families. The qualitative portion of this study was based on in-depth interviews with 54 single Indian mothers. The qualitative data revealed the single mothers who attended community service programs reported more empowerment, emotional release, and social connection than others.

Kavas and Hosgor (2013) conducted a study to find out the challenges faced by single mothers. The study demonstrates that single mothers in have to face numerous challenges, including the difficulty to maintain authority in their new family setting; the struggle to keep the sense of a complete family; and the experience of negative attitudes toward single mothers and their children.

As mental health is referred to the psychological well-being and lack of distress these women always under distress is having mental health issues. The depression among single mothers affects their parental quality and can create problems to the well-being of their children. Chujor&Bosa (2012) examined the effect of depression of single mothers on children and found that the children of these mothers have depressive symptomatology, suicidal ideation, and other behavioral problems.

Jammu (2009) studied the problems faced by single mothers. they found that the role of a single parent is challenging one especially when the family is headed by women. The problem of a single mother is linked with the upbringing of children, their future and setting down in life. Till the time children get married and or get jobs they are dependent on the single parent. Their study also revealed that financial problem was the main stressor for the majority of the single mothers. The emotional life of the single mother was also affected by their single status. The majority of the single mother reported that they felt lonely, helpless, hopeless, lack of identity and lack of confidence. In social sphere majority of single mothers tried to avoid attending social gatherings and had changed their dressing style due to depression they had to develop poor food and eating habits. The majority of the single mothers found it hard to maintain discipline among the children due to the absence of male members. The mothers complained about loneliness, traumatic and depression and found it difficult to handle the responsibility of childcare and to establish a routine for her children.

RATIONALE OF THE STUDY

Depression, a state of low mood and aversion to activity can affect a person's thoughts, behavior, and sense of well-being. Depression adds to the burden of single mothers both economically (cost of treatment, loss of job) and psychologically (continuous feelings of distress and hopelessness). In Kerala, the cost of living is quite higher than that of the neighboring states. So the pressure and burden are more for single mothers of Kerala. Single mothers are often treated as a curse in the family and community which make them vulnerable to abuse and distress. Proper intervention and support services have to be provided to single mothers to fight with the agony called depression and to restore their mental health.

OBJECTIVES

- 1.To understand the effect of socio-economic status and age on Depression among mothers of children below age 18.
- 2.To study the relationship between marital status and Depression among the mothers of children below age 18.

HYPOTHESIS

- 1.The socio-economic status will have no effect on Depression among mothers of the children below age 18.
- 2.The age will have no effect on Depression among mothers of children below age 18.
- 3.The marital status will have no effect on Depression among mothers of the children below age 18.

METHOD

Site

The data was collected from Kerala, a southern state of India. Two districts were selected to collect samples and the final data was collected from Calicut and Malappuram, two northern districts of Kerala.

Sample

The participants of the study were a group of 60 mothers from Kerala. The data was collected from 30 partnered mothers and 30 single mothers. The samples were collected using multi-stage random sampling method.

Tools

1. Background Information Scale: The scale is developed by Saranya and Nigesh (2017) to gain information related to socio-economic status, age and religious information of mothers.
2. The Beck Depression Inventory:

The Beck Depression Inventory-second Edition (BDI 3) is a 21 item self-report instrument for measuring the severity of depression in adults and diagnosing depressive disorders listed in the American Psychiatric Association's Diagnostic and statistical manual of mental disorders fourth edition-DSM IV-1994. During the last 35 years, the BDI has become one of the most widely accepted instruments for assessing the severity of depression in diagnosed patients and for detecting possible depression in normal populations.

RELIABILITY AND VALIDITY

The two comprehensive reviews concerning the BDI's applications and psychometric properties across a broad spectrum of both clinical and non-clinical populations have reported its high reliability, regardless of clinical population. The average coefficient alpha of the BDI for psychiatric patients falls in the high 0.80s. Similarly, the concurrent and construct validity of the BDI with respect to a variety of psychological measures has been established. The BDI moreover differentiated patients with clinical depression from nondepressed psychiatric patients (Steer et al, 1986).

ADAPTATION OF THE SCALE

In adapting the Beck Depression Inventory for the present study the English version was translated into simple Malayalam language without losing the concept of items by an expert in the Malayalam language. This was back translated into English by an independent translator who is equally competent in both languages. There are no differences between the original English and back-translated English version. Hence the Malayalam version was found to be satisfactory for this study.

ADMINISTRATION AND SCORING

Beck depression inventory was administered as follows:

This questionnaire consists of 21 groups of statements. Please read each group of statements carefully, and then pick out the one statement in each group that best describes the way you have been feeling during the past two weeks, including today. Circle the number beside the statement you have picked. If several statements in the group seem to apply equally well, circle the highest number. Be sure that you do not choose more than one statement for any group".

Total scores	Range
0-13	Minimal
14-19	Mild
20-28	Moderate
29-63	Severe

The cut score guidelines below are suggested for total scores of patients diagnosed with major depression.

DATA COLLECTION AND ANALYSIS

The purpose of the study was explained to each subject and informed consent was obtained before administering the questionnaire. The freedom to withdraw from the study at any point of the time was given to the subjects.

The collected data was reviewed carefully, no missing data was found by the researchers. The data was analyzed using IBM SPSS 21 software. Descriptive statistics was used to obtain the background information. One-way ANOVA and Pearson correlation was also done to achieve the objectives of the study.

Ethical Considerations

Informed consent was obtained from all the study subjects, after explaining the objectives of the study. Confidentiality of the information was ensured. The freedom to withdraw from the study was provided to them.

RESULTS

Background Information

Table 1

The descriptive features and frequency of the demographic variables of the population under study

Background Variables	f (%)	Background Variables	f (%)
Age		• Up to 10 th	13 (21.66)
• 15-25 years	11 (18.33)	• Up to 12 th	34 (56.67)
• 25-35 years	42 (70.00)	• Graduate & Above	23 (38.33)
• 35 and above	17 (28.33)	No of Children	
		• Only one	18 (30)
Family Income		• 2-3	22 (36.66)
• Less than 5000	5 (8.33)	• 4-5	16 (26.66)
• 5000-10000	42 (70)	• 5 & above	4 (6.66)
• 10000 and above	13 (21.66)	District	
Employment Status		• Malappuram	28 (46.66)
• Employed	33 (55)	• Calicut	32 (53.33)
• Unemployed	27 (45)		

The sample size of the study was 60, out of which 30 were partnered (50%) and 30 (50%) were single mothers. The subjects were drawn from two districts Malappuram (62%) and Calicut (46.66%) and almost half of the participants are employed (55%) and the majority of the participants (70%) belongs to the age group 25-35.

Table 2:

Central tendency measures and deviations of depression scale

Scale	Measures of central tendency			Deviations		
	Mean	Median	Mode	SD	Skewness	Kurtosis
Depression	18.10	17.00	18.00	9.420	0.309	0.608

Table 2 shows the central tendency measure of and deviations of the scale. The mean of the scale is found to be 18.10 with a median of 17.00 and mode of 18.00. The standard deviation of the depression is found to be 9.420 with the skewness of 0.309 and kurtosis of 0.608.

Table 3a
Shows the association of depression with age, income and marital status

Variables	Mean	Standard deviation	df	F-value	Sig level
Age					
20-30	18.10	2.35	2	3.25	0.76
31-40	18.38	2.46			
41-50	19.00	1.37			
Income					
Low income	18.19	2.48	2	34.90	0.00**
Average income	17.85	2.25			
High income	16.69	1.32			
Marital status					
Single	19.10	2.87	1	37.78	.000**
Married	16.38	1.53			

**significant at .01 level

Table 3 b
Posthoc analysis of Income and depression

Dependent variable	(I)group	(J) group	Mean Difference	Std. error	Sig.level
Depression	Low Income	Average	1.35	.57	.06
		High	4.43**	.56	.00
	Average Income	Low	-1.35	.57	.06
		High	-3.07**	.57	.00
	High Income	Low	-4.43**	.56	.00
		Average	3.07**	.57	.00

**significant at .01 level

DISCUSSION

The major findings of the study were:

- There is significant effect of Economic Status on Depression among mothers
- Marital Status has a significant effect on Depression among mothers.
- Single mothers have more Depression comparing to the married mothers
- Mothers belonging to Low Economic Status have more Depression than those belonging to High Economic Status.
- The study rejected hypothesis 1, that the socio-economic status will have no effect on depression among mothers and accepted alternative hypothesis at .01 level of significance.
- The study accepted hypothesis 2, that the age will have no effect on depression among mothers.
- The study rejected hypothesis 3 that, the marital status will have no effect on depression among mothers and the alternative hypothesis is accepted at .01 level of significance.

The present study focused on the agony of single mothers and found that single mothers are more vulnerable to depression than partnered mothers. This is mainly due to the difference in the support they receive to rear their children and build the family. For a partnered mother half responsibility of caring the children can be attributed to their partners. Wherein, a single mother has to carry every responsibility on her

shoulder. Moreover, a single mother is always targeted to stigma, isolation, and labeling especially if she is a divorcee.

Single mothers are more vulnerable to mental health problems. The mental health problems prevent them from finding a job or maintaining a job which in turn leads to more distress and psychiatric symptomatology like depression and anxiety (Jayakoudy & Stauffer, 2000). Further, a mother with psychiatric complaints cannot provide adequate resources to her children which put the life and mental health of the children at risk.

The present study focused on the relationship between economic status and depression. Impoverished conditions and poverty lead to various mental health problems. Single mothers who live in poverty are more vulnerable to depression than single mothers who have high economic status.

This study reveals that there is no association between depression and age among mothers. Same findings were yielded by Collette in 2003. She found that there is no significant relationship between age and depression among mothers. Brampton (2009) found that there is no significant relationship between depression and age among mothers. Mirowsky and Ross (1992) also stated that there is no significant relationship between age and depression.

CONCLUSION

The role of mother is challenging one especially in the family that is headed by single women. They carry a great amount of responsibility on their shoulders as a single parent. Still the most of the single mothers are linked with the upbringing of children, their future and setting down in life than partnered mothers. The problems faced by them are social, emotional and economic. So the role burden of the single mother is too much greater than partnered mothers. There for single mothers are isolated from society. So the role of a psychologist is to create a good support service system for single mothers. An intervention program must be created to eliminate the stigma and discrimination against single mothers.

LIMITATIONS

- The sample size is small and only certain variables were studied.
- Different results could have yielded in different age group.

SUGGESTIONS

- The future researchers can be conducted on comorbid variables like anxiety on same study population.
- Studies can be conducted in different areas to see whether there is any difference in the results due to geographical conditions.

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