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HOPELESSNESS AMONG THE WIDOWS LIVING IN SLUMS OF CHENNAI – A STUDY

Baskar Jayabalan A.[1] and V. Sethuramalingam[2]
[1]Research Scholar, Department of Social Work, Bharathidasan University, Tiruchirappalli.
[2]Professor & Head, Department of Social Work, Bharathidasan University, Tiruchirappalli.
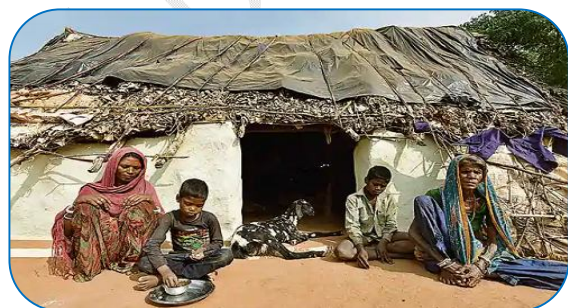
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ABSTRACT :

The aim of this paper is to study the socio demographic characteristics and hopelessness of widows living in slums of Chennai city. As per the slum clearance board's report, the study area has 495 widows. The researcher selected 281 widows as sample for the study by adopting the Krejcie and Morgan's and Morgan's formula. To measure the level of hopelessness the researcher used hopelessness scale developed by Beck et al. The findings of the study highlight the fact that majority of the widows are in the age group of 46-59 and the average age is 43.2 years and more than half of them got married at early age (17 years or less). The average age at marriage computed is 17.6 years and the average age at the time of husband's death is 36.0 years. Majority of the respondents happened to become widowed at the ages of 26-35 and 36-45 years (41% and 34%, respectively). The results also indicate that the mean scores of hopelessness factors as well as the total score was observed to significantly decrease with an increase in their level of education as well as family monthly income and the total hopelessness score and followed by an increase in all these with an increase in their current age and total hopelessness. Based on the findings, the researcher insisted that the social workers either individually and/or through NGOs, in which they work, have to bring out the concept of home-based psycho-social care which has to be promoted among vulnerable widows in the community throughout-reach programmes.

KEYWORDS : *Widows, Hopelessness, Slums.*

INTRODUCTION

Hopelessness refers to a psychological characteristic defined by pessimism or negative expectancies. Within cognitive therapeutic approaches, hopelessness is viewed as a set of negative cognitions about the future. These cognitions have been implicated as relevant for understanding a variety of psychological problems such as depression, suicide, schizophrenia, alcoholism, sociopathy and physical illness (Craighead &Nemeroff, 2002). According to Beck et al., (1974) hopelessness includes the negative expectations about the future and personal wellbeing, and the personal skills to solve the difficulties and achieve success. To elaborate, hopelessness is the experience of despair or extreme pessimism about the future, and as such, is part of the "cognitive triad" (along with a negative view of oneself and one's world) (Beck etal., 1979). In the words of Shneidman (1996) a pervasive sense of hopelessness is of pessimistic expectations about the future, is even more important than other forms of negative emotion, such as anger and depression, in predicting suicidal behaviour. The suicidal person is convinced that absolutely nothing can be done to improve his or her situation; no one else can help.

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According to Craighead and Nespor (2001) Hopelessness may be composed of interrelated facets, representing negative feelings about the future, loss of motivation and negative future expectations.

REVIEW OF PREVIOUS STUDIES

Ogungbamila and Adeyanju (2010) carried out a study titled 'Health and Psychosocial Complaints of Elderly Widows in Yenagoa, Nigeria' in which they examined some health and psychosocial problems associated with mourning among 72 elderly widows. The respondents complained of fever, gastrointestinal disorders and a range of psychosocial problems such as disinheritance, suspicion, frustration, hopelessness and degrading inhuman treatment. Elderly widows in polygamous marriages experienced better psychosocial support than those in monogamous marriages. In another study conducted among 206 orphans and 194 widows who had been exposed to the genocide in Rwanda. Schaal et al., (2011) tried to examine the levels of trauma exposure and the rates of mental health disorders and to describe risk factors of post-traumatic stress reactions among them. The major findings were as follows: subjects reported to be having been exposed to a high number of different types of traumatic events with a mean of 11 for both groups. Widows displayed more severe mental health problems than orphans: 41 per cent of the widows (compared to 29% of the orphans) met the symptom criteria for PTSD and a substantial proportion of widows suffered from clinically significant depression (48% vs. 34%) and anxiety symptoms (59% vs.42%) even 13 years after the genocide. A study by Chitrali and Anwar (2013) titled 'Socio-Psychological Consequences of Spouse's Death on Widows of Khyber Pakhtunkhwa', was carried out to investigate the problems faced by a woman after losing her husband. The researchers concluded that widows who were not working and who were financially dependent family-oriented sources of income were more satisfied with their lives than widows who were economically independent. Bharathi et al., (2015) carried out a study with an aim to investigate loneliness, depression and social network of widowhood based on gender and age factors for which data collected from 30 widows and 30 widowers purposively selected from rural and urban areas of Hyderabad. It was noted that the one-way ANOVA results in these regards turned out to be highly significant for both. Another notable finding was that there was a highly positive and significant correlation between loneliness and depression among the sample respondents. Dunn (2015) conducted an online survey through social network among 232 young widows (aged 18-55 years) in their first five years following loss so as to describe the personal and social factors associated with younger widows' grief. Additionally, those widows who had been in their relationships longer, and had stronger bonds with their late husband had lower levels of grief. However, widows' sense of "who they are," religiosity, and social support were limited in their ultimate influence on participants' grief. Sethuramalingam and Sathia (2015) conducted a study called 'Depression, Anxiety and Stress in Elderly Women living in Slums of Tiruchirappalli District, Tamil Nadu' The researchers selected a sample of 239 elderly women living in the slums of Tiruchirappalli District. The study results revealed that depression, anxiety, and stress were higher among those respondents who were 80 years or older, widows, illiterates, dependents, people with no income, and a few other categories of the elderly. Chowdhury et al., (2016) through a study wanted to examine the stigma attached to the widows of the victims of tiger attacks. The researchers concluded that the widows of tiger attack victims had significantly higher stigma scores than from both normal and widows of victims of snake bites. A study conducted in Kashmir Valley among 60 widows - 30 widows and 30 half widows), who were selected purposively, Wani et al., (2016) observed their mental health differences across their widow type and period of deprivation (10 and 15 years). The results showed that the mean scores of mental health were higher among the widows and those who had 10 years period of deprivation as compared to half-widows and 15 years period of deprivation (87.0 and 82.7 vs. 68.4 and 72.7, respectively). Based on the review earlier research there is a lack of studies on the examination of the socio-economic status of widows living in slum widows with hopelessness. So, the researcher has proposed to design an in-depth study to explore the various correlates of socio demographic and hopelessness of widowed residing in slum areas.

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METHODOLOGY

Objective: The main objective of the research is to measure the hopelessness and it its correlates with the background characteristics of the widows living in slums.*Method:*The researcher selected Chennai city purposively, since it is a familiar place for the researcher. There were 15 zones with 200 wards in Chennai City with 1,329 slums of which the researcher selected the ninth zone by using the lottery method. The ninth zone comprises of 18 wards. Out of the 18 wards, the researcher selected one ward, namely, ward number 117, using the lottery method. Ward number 117 has 13 slums. For the purpose of data collection, the researcher decided to select all these 13 slums. As per the Tamil Nadu Slum Clearance Board's report, it has 495 widows in all these 13 slums. The researcher selected 281 widows as sample for the study by adopting the Krejcie and Morgan's (1970) formula. This sample constitutes 56 per cent of the total widow population in the selected slums. In order to select the individual respondents, the researcher adopted the simple random sampling technique by using random number table. *Tools:* To measure the hopelessness among the widows, the hopelessness scale developed by Beck et al. (1974) was used. The reliability value for this scale is alpha 0.879.

RESULTS

Socio-demographic characteristics of the respondents revealed that nearly half of the sample widows belong to the age group of 46-59 and the average age is 43.2 years (ranging between 21 to 65 years). On the other hand, more than half of them got married at early age (17 years or less) and the average age at marriage computed is 17.6 years (ranging between 12 to 26 years). A greater percentage of them belong to Hinduism (83%) and majority of them belong to Backward / Most Backward Castes (55%). A large majority of their family size is 3 or less (67%) and obviously, residing in nuclear families (68%). simple majority of them are illiterates (39%), about one-fourth (25%) and one-fifth of them (22%) have completed middle school and high / higher secondary school, respectively. The average year of schooling is 5.32 years. A greater percentage of them are working as housemaids (80%) and the rest of them are engaged in menial works. On an average, the sample widows are working for a little over 5 hours, majority for about 4 hours and 6 hours (32% and 31%, respectively). Of those working as housemaids, while about 78 per cent are working in one house and 18 per cent in 2 houses.

*Current Age and Hopelessness Score: D*ata provided in panel 1 of Table - 1 highlights that the mean score of (total) hopelessness as well as its Factors of the respondents have consistently increased with an increase in their current age. For instance, the mean score of (total) hopelessness is as relatively higher (17.00) among those respondents who belonged to the lower middle age group (36–44 years), but slightly lower among those who belonged to upper middle age group (45+ years); and the lowest is observed among those who are in the age group of 35 years or less. Almost a similar pattern is also noted in the case of other the three Factors of hopelessness. Moreover, these patterns show there is some sort of reverse 'V-shape – relationship' between the age group of respondents and different Factors of hopelessness scores. However, the one-way ANOVA test results in all these reason have turned out as moderately and highly significant ($p < 0.05$ each) in the case of the total hopelessness score as well as the Factor 3 (future expectations), and such association is highly significant ($p < 0.01$) in the case of Factor 2 (loss of motivations). *Thus, the null hypothesis negated here in the case of three out of four aspects of hopelessness and supported in the research hypothesis indicates that the extent of hopelessness (except in the case of Factor 1) is higher among those respondents who are fairly higher in age than those who are young.*

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Table - 1: Mean Scores of Different Dimensions of Hopelessness of the Respondents by their Demographic Characteristics

Demographic Characteristics	Dimensions of Hopelessness			Hopelessness	N
	Factor 1	Factor 2	Factor 3		
1. Age (in Years)					
Young (≤ 35)	4.47	6.73	4.12	15.31	51
Lower Middle (36 – 44)	5.03	7.43	4.54	17.00	89
Upper Middle (45 +)	4.91	6.96	4.31	16.16	141
F – Ratio	0.911	*4.266*	*3.368*	*2.927*	
p – level	0.403	*0.01*	*0.05*	*0.05*	
2. Age at Marriage ≤ 17					
18 – 21	4.72	7.02	4.31	16.06	150
22 +	5.02	7.18	4.44	16.84	95
	4.69	6.74	4.09	15.51	36
F – Ratio	0.560	0.345	0.070	0.101	
p – level	0.572	0.708	0.938	0.904	
3. Age at Widowhood)					
≤ 25	4.42	6.95	4.24	15.66	38
26 – 35	5.01	7.17	4.41	16.59	115
46 – 45	4.99	7.08	4.36	16.44	96
45 +	4.47	6.75	4.22	15.44	32
F – Ratio	0.832	0.720	0.520	0.996	
p – level	0.477	0.541	0.669	0.396	
4. Religion					
Hinduism	4.97	7.06	4.36	16.40	232
Christianity	4.50	7.04	4.30	15.85	46
Islam	2.57	7.33	4.00	14.00	3
F – Ratio	1.985	0.050	0.266	0.800	
p – level	0.139	0.951	0.766	0.450	
5. Caste					
SC	4.63	7.05	4.24	15.94	127
BC/MBC	5.00	7.06	4.44	16.56	154
F – Ratio	2.250	0.000	*2.753*	1.611	
p – level	0.135	0.992	*0.10*	0.205	
6. Size of Family					
Small (≤ 2)	4.72	7.02	4.31	16.06	105
Medium (3 – 4)	5.02	7.18	4.44	16.84	141
Large (5 +)	4.69	6.74	4.09	15.51	35
F – Ratio	0.565	1.198	2.015	1.287	
p – level	0.569	0.303	0.135	0.278	

Age at Marriage and Hopelessness Score: By and large, one can expect that as the age at marriage of widows increases their hopelessness and its Factor scores tend to decrease. This may be due to the fact that marrying early and thereby, become widowhood at early age may lead to higher pessimistic attitudes as compared to their counterparts who enter into married life at later ages. When this contention is examined with the present data (panel 2 of Table - 1), one can notice that the mean score of hopelessness as well as its dimensions of the respondents have consistently decreased with an increase in their age at marriage. In the total mean score of total hopelessness is slightly higher (16.06) among those respondents who got married

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at early ages (17 years or less), which is noted as higher among those who married at the ages of 18-21 years (16.84), but it is very much lower (15.51) among those who got married at relatively higher ages (22+ years). More or less, a similar pattern is also noted in the case of the other three Factors of hopelessness under consideration. However, differentials in the mean scores of all these didn't turn out as statistically significant.

Age at Widowhood and Hopelessness Score: Information given in panel 3 of Table - 1, by and large, exhibit that the mean score of (total) hopelessness has shown as somewhat an inconsistent trend with an increase in their age at widowhood. The details showed that the total hopelessness mean score is about 15.66 among those respondents whose age at widowhood is 25 years and less, but such a score has increased to 16.59 and then to 16.44, whereas later it has declined to the lowest level of 15.44, within increase in their age at widowhood to 26-35 and then to 46-45 and finally to 45 years & above, respectively. Such an inconsistent pattern is also noticed in the case of the Factors related to hopelessness under consideration. However, the ANOVA test results did not turn out as significant in all these regards and thus, these cases and results agreed with the null hypothesis.

Religion and Hopelessness Score: Religion, being a socio-cultural Factor, in India, is expected to affect the hopelessness of the people. Data showed in panel 4 of Table - 1 suggests that the mean score of hopelessness is relatively higher among those respondents belonging to Hinduism (16.40) as compared to those who are from Islam (15.85) and Christianity (14.00). The pattern of differentials in the mean scores of the three hopelessness Factors across their religious background were also noticed in the case of three hopelessness Factors under consideration. However, the ANOVA test results didn't turn out as significant in any of the hopelessness dimensions under study.

Caste and Hopelessness Score: The panel 5 of Table - 1, it is interesting to note that the respondents from Scheduled Castes have little lower mean score of hopelessness (*opposite to the expected pattern*) than those who belonged to MBCs/BCs (15.94and 16.56, respectively). However, the ANOVA test results in this regard *didn't turn out as significant* in almost all the Factors and total hopelessness scores, except in the case of Factor 3 (future expectations) for which such results have turned up as less significant ($p < 0.10$), and thereby, the data of this study largely didn't support the expected proposition in this regard.

Size of Family and Hopelessness Score: Data given in panel 6 of Table - 1 reveals that the mean score of total hopelessness score is slightly higher among those respondents who from families of medium-size (16.84) closely followed by among those who are from small-size families (16.06) as compared to those who are from large-size families (15.51). Almost similar patterns are also noted in the case other hopelessness Factors under consideration. However, the ANOVA test results in all these regards didn't turn out as statistically significant and hence, the null hypothesis is summarily accepted.

Educational Attainment and Hopelessness Score: Education is one of the crucial social factors that affect each and every aspect of human behaviour. Generally, it is expected that the extent of hopelessness score is likely to decline with an increase in their level of education. This is due to the fact that members who are educated tend to think rationally about life, develop positive attitudes towards life and thereby, have lower pessimism about the future. Data from this study (panel 1 of Table - 2) highlights that the mean score of (total) hopelessness has showed very high among illiterates (17.27) as compared to those who have some and/or high level of education. But among the educated there seem to be somewhat increasing pattern, viz., 13.69 for those who studied up to primary school, which has increase to 15.92 and then to 16.26, when their level of education increased to middle school and high school level & above, respectively. More or less, similar pattern is also observed in the case of the other three Factors of hopelessness under consideration. It is also conspicuous to note that the ANOVA test results in all these regards have emerged as highly

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significant ($p<0.001$ or $p<0.001$ for all). In view of this, the null hypothesis to a large extent rejected and hence, it may be concluded that the research hypothesis, viz., *higher the level of educational status of the respondents lower would be their level of hopelessness score holds good in the sample population.*

Occupational Status of Respondents and Hopelessness Score: Data provided in panel 2 of Table - 2 highlights that the mean score of hopelessness is pertinently somewhat higher among those respondents who are housemaids (16.30) closely followed by those engaged in street vending (16.3), whereas such score is observed to be somewhat lower among those who are occupied other positions (16.0). Once can see, more or less, similar pattern in the case of three hopelessness Factors, except in the case of Factor 1. However, the ANOVA test results in all these regards didn't turn out as statistically significant and thus, the null hypothesis is accepted here.

No. of Hours Working by Respondents and Hopelessness Score: The panel 3 of Table - 2, it can be seen that the total mean score of hopelessness is relatively higher among those who are working for about 4 hours or less as well as 5-7 hours per day (16.50 and 16.52, respectively), whereas the corresponding figure is fairly lower among those who are working 8 hours or more per day (15.05). Almost a similar pattern is also noticed in the case of other three Factors of hopelessness under consideration. However, the ANOVA test results have been turned out significant to a moderate extent in the case of Factor 1 ($p<0.05$) and at somewhat lesser extent in the case of total hopelessness score ($p<0.10$). Hence, it may be concluded that the *research hypothesis – higher the number of working hours lower will be the hopelessness – is on the expected direction in the case of Factor 1 (feelings about the future) and total hopelessness scale only.*

Monthly Income of Respondents and Hopelessness Score: Information provided in panel 4 of Table – 2 reveals that, by and large, the mean score of hopelessness on the whole has decreased with an increase in their monthly income / earnings. The details highlight that the mean score of hopelessness is fairly higher (16.86) among those respondents who relatively less income per month (Rs. 3000 or less), whereas such a score has decreased to 15.97 and then to 15.63, when their personal earnings and income have increased to a moderate (Rs. 3001–6000) and higher (Rs. 6001 & above) levels, respectively. Almost a similar pattern is also noticed in the case of three Factors under consideration, except Factor 2 (Loss of motivation). Nevertheless, the ANOVA test results turned out as moderately significant ($p<0.05$) only in the case of Factor 3 (future expectations). Hence, it may be concluded that *the null hypothesis in the case of Factor 3 is rejected and the research hypothesis, viz., higher the level of personal earnings / income of the respondents, lower would be their extent of hopelessness in terms of future expectations, holds good in the study sample.*

Table - 2: Mean Scores of Different Dimensions of Hopelessness of the Respondents by their Socio-economic Characteristics

Socio-economic Characteristics	Dimensions of Hopelessness			Hopelessness	N
	Factor 1	Factor 2	Factor 3		
1. Education					
Illiterates	5.32	7.39	4.55	17.27	109
Primary School	3.88	6.28	3.53	13.69	32
Middle School	4.57	6.98	4.37	15.92	53
High School and above	4.86	6.99	4.39	16.26	77
F – Ratio	*4.492*	*4.791*	*10.252*	*6.832*	
p – level	*0.01*	*0.001*	*0.001*	*0.001*	
2. Occupation					
Housemaids	4.83	7.09	4.38	16.30	231

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Street Vending	5.09	7.03	4.18	16.30	33
Others	4.94	6.82	4.24	16.00	17
F – Ratio	0.173	0.241	0.741	0.042	
p – level	0.841	0.786	0.478	0.959	
3. No. of Hours Working					
≤ 4	5.00	7.08	4.42	16.50	114
5 – 7	5.05	7.11	4.37	16.52	123
8 +	4.02	6.91	4.11	15.05	44
F – Ratio	*3.235*	0.374	1.659	*2.357*	
p – level	*0.05*	0.761	0.192	*0.10*	
4. R. Monthly Income (in Rs.)					
≤ 3000	5.23	7.10	4.53	16.86	108
3001 – 6000	4.68	7.02	4.27	15.97	146
6000 +	4.44	7.15	4.04	15.63	27
F – Ratio	2.089	0.131	*3.793*	1.818	
p – level	0.126	0.877	*0.05*	0.164	
5. F. Monthly Income (in Rs.)					
≤ 5000	5.00	7.27	4.47	16.74	96
5001 – 10000	4.96	7.11	4.43	16.50	23
10001 – 15000	4.50	6.59	4.00	15.09	46
15001 +	4.44	6.88	4.00	15.31	18
F – Ratio	0.672	*2.204*	3.631	*2.114*	
p – level	0.570	*0.10*	*0.01*	*0.10*	

Family Monthly Income and Hopelessness Score: Data given in panel 5 of Table - 2 demonstrates that the mean score of total hopelessness score has decreased consistently with an increase in their family monthly income. For instance, one can notice that the mean score of hopelessness is much higher (16.74) among those respondents who belonged to lower family monthly income bracket (Rs. 5000 & less) than the other categories. Obviously, the ANOVA test results in this regard also turned out as highly significant in the case of Factor 3, somewhat less significant in the case of Factor 2 and total hopelessness score (p<0.10 in each case). In view of these results, it can be said that *the null hypothesis in this regard is rejected and thereby, sustained the research hypothesis, viz., higher the level of family monthly income to the widowed women, higher would be their extent of hopelessness, among the sample respondents.*

Receiving Widow Pension by Respondents and Hopelessness Score: From the panel 1 of Table - 3, it can be seen that the mean score of hopelessness is marginally lower among those respondents who receive the widow pension (16.25) than those who didn't receive the pension (16.35). Almost a similar pattern is also noticed in the case of three Factors of hopelessness under consideration, except Factor 2. However, the ANOVA test results turned out as statistically significant (p<0.10) to a lesser extent only in the case of Factor 3 (future expectations). Hence, it may be concluded that *the proposed null hypothesis is discarded and the research hypothesis is sustained only in the case of Factor 3 of hopelessness.*

Have in Savings by Respondents and Hopelessness Score: From panel 2 of Table - 3 it is understood that the mean score of hopelessness is comparatively lower among those respondents who have some savings at the time of survey (15.34) as against to those who didn't have such savings (16.44). A similar pattern does exist

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in the case of Factor 2 & 3 of hopelessness, but not in the case of Factor 1. Further, the ANOVA test results turned out as highly significant (p<0.01) in the case of Factor 3 and at a lesser significant extent in the case of Factor 2 and total hopelessness score. By and large, t*he null hypothesis in this regard is rejected and the research hypothesis, viz., savings of the widowed appears to be detrimental to their hopelessness about the future, is accepted.*

*Place of Stay after Husband's Death of Respondents and Hopelessness Score:*Generally, it is anticipated that after husband's death women usually stay alone as an individual family (with or without children) and/or with parents, in which case their hopelessness would be higher. On the other hand, it is believed that if women's stay is in their in-laws' home, they are likely to be with less hopelessness (more optimistic), since they were mostly part of that family till their spouse death and thereby, think positively about the future life too. When this contention is examined in the study area (panel 3 of Table - 3), it is observed that the mean score of hopelessness is much higher among those respondents who are staying alone after their husband's death (17.52) followed by among those whose stay is parents' home (16.06), whereas such score is fairly much less among those who live with their in-laws (14.84). Further, it is conspicuous to note that such a pattern is almost intact in the case of the three Factors of hopelessness under study. Apparently, the ANOVA test results too turned out as highly significant (p<0.001) in all the Factors and total hopelessness score, except for Factor 2 in which case it is less significant (p<0.10). Hence, *the null hypothesis in this regard is summarily rejected and the research hypothesis is supported by the empirical data of this study.*

Table - 3: Mean Scores of Different Dimensions of Hopelessness of the Respondents by their Widowhood related aspects

Widowhood related aspects	Dimensions of Hopelessness			Hopelessn ess	N
	Factor 1	Factor 2	Factor 3		
1.Receiving Widow Pension					
No	4.94	7.01	4.40	16.35	80
Yes	4.84	7.08	4.33	16.25	201
F – Ratio	2.250	0.000	*2.753*	1.611	
p – level	0.135	0.992	*0.10*	0.205	
2. Have Savings					
No	4.90	7.13	4.41	16.44	240
Yes	4.68	6.68	3.98	15.34	41
F – Ratio	*0.280*	*2.984*	*7.367*	*2.597*	
p – level	*0.597*	*0.10*	*0.01*	*0.10*	
3. Place of Stay After Husband's Death					
Alone	5.63	7.36	4.53	17.52	231
In-laws' Home	4.32	6.65	3.86	14.84	33
Parents' Home	4.66	7.03	4.37	16.06	17
F – Ratio	*5.330*	*2.759*	*6.322*	*6.084*	
p – level	*0.001*	*0.10*	*0.001*	*0.001*	
Total Mean	**4.87**	**7.06**	**4.35**	**16.28**	
N	**281**	**281**	**218**	**281**	

CONCLUSION

Based on the findings it is concluded that economic factors appear to be highly associated / correlated with the psycho-social factors under consideration. Among these, with a few exceptions and as expected, monthly income, family monthly income and having savings of the respondents,in addition to

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working for more number of hours(proxy economic factor)have showed significant negative effects one or the other Factors and/or in the total hopelessness score. These findings indicate that widows (respondents who are economically lower off are likely to have high hopelessness. Next to these, respondents who are working in better positioned occupations (another proxy economic factor) seem to be having low hopelessness. Next to the economic factors status above, some social factors have exhibited significant association / correlations with the psycho-social factors under consideration. Among such factors, educational status of the respondents, by and large, has demonstrated the expected negative association/ correlation with total hopelessness score & its three factors under consideration. These findings support the fact that higher education, on the one side, will reduce their hopelessness among them, i.e., increases their hopes about future by having positive motivation and expectations. Respondents who are reside with the in-law's family after their husband's death largely exhibited lower hopelessness score.The researcher highlights the urgent need to provide counselling to widows living in slum. The researcher also insisted that the Social workers either individually and/or through NGOs, in which they work, have to bring out the concept of home-based psycho-social care which has to be promoted among vulnerable widows in the community throughout-reach programmes. They can also ensure safety and security through home-visits and follow-up visits, besides counselling vulnerable ones.

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