Social Support and Mental Ill Health Among Older Housewives

Reeta Kumar and Aradhana Srivastava**

ABSTRACT

The life expectancy of both men and women has gradually been increasing in the past few decades due to improvement in medical facilities and its availability to a larger number of people leading to an increase in the proportion of elderly people in the population. However, factors like the fast pace of life, smaller family norm, breaking of joint family system, and industrialisation are leading to conditions where despite lengthening of survival, maintenance of mental health of elderly people especially that of women is not receiving as much attention as required. In the literature, the elderly women in general and elderly housewives in particular have so far been neglected. The present study, hence, aims at assessing the perception of received social support and mental ill health of elderly housewives in the age range of fifty years and above. Correlational analysis revealed that high levels of companionship as well as emotional support was associated with lower levels of obsessive traits and symptoms, somatic concomitant anxiety, neurotic depression and overall mental ill health only within older. Women (60 year) however, no significant association between social support and measures of mental ill health existed in less elderly (50-60yrs) women. Results seem to suggest the importance of companionship and emotional support for maintenance of mental health for older housewives. Results have been analysed in view of the changes in the familial and social conditions of the housewives as they grow older and suggestions for improving the quality of their lives have been given.

Key Words: Mental ill-Health, Social Support, Housewives.

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Women in India constitutes almost fifty per cent of the elderly population above the age of sixty years according to 1991 census and according to the projected figures for 2021 this proportion is expected to increase rather than decrease. A large number of these women have never been employed. They have led most of their lives within the environs of their homes, moving out only infrequently, serving the family all through their lives, rearing the children, cooking food, taking care of any family member who may have fallen sick and attending to the incessant daily chores of the household. There is no glory attached to what they have been doing all their lives. They have never received any special recognition for having devoted their entire life to help their children to carve out their lives or for having stood like a pillar behind their husbands whose achievements should probably be partially credited to the selfless and unrecorded contributions of their wives. They are categorised under rather unglamorous labels like ‘housewives’ or ‘homemakers’.

According to Erickson’s (1976) ‘Life Cycle Theory’, the crucial task during the final stage of one’s life is to evaluate one’s life and accomplishments and to affirm life as having been and continuing to be meaningful and purposeful. This is called as ego integrity as opposed to a sense of despair which refers to a feeling that life has been wasted. A view of the lives of housewives seems to suggest that there is every possibility of their being in a state of despair when they reach the eighth stage of their lives and this may be reflected in mental ill health.

Mental illness refers to undesirable or poorly regarded patterns of behaviour. Just as mental health is sometimes used to designate something better than just good adjustment, mental illness is used to designate something worse than poor adjustment. According to medical approach, mental illness is regarded as a disease analogous to physical disease. The behaviour which mentally ill persons show, may be considered symptomatic of an underlying condition. This condition or pathology may be psychological or neurophysiological or an interaction of both.

Literature on the elderly women in general and elderly housewives in particular seems to be fairly sparse, however, some of the recent reviews and surveys seem to be focusing on the mental health status of older persons as well as older women. Lindesay and Marudkar (2001) presented an updating of a previous review of the topic ‘Neurotic Disorders’ and commented that the number of studies and review articles that have been published since 1996 are encouraging, and there is a growing awareness of, and interest in, these disorders in old age.
Noorbala, Bagheri Yasamy and Mohammad (2004) conducted a mental health survey of the adult population in Iran (N=35,014) using a shorter version of Goldberg’s General Health Questionnaire and a semi-structured clinical interview. Results indicated that women had a relatively higher risk of mental disorders as compared with men. The risk of mental disorders increases with age. The highest risk of mental disorders was related to being a housewife. Their research showed that working only within the home has a more serious impact on psychiatric morbidity. Depression and anxiety symptoms were more prevalent than somatisation and social dysfunction.

Mirza, and Jenkins (2004) presented a systematic review of twenty studies conducted in Pakistan concluded that the prevalence of anxiety and depressive disorders, risk factors, effects of treatment reported that prevalence of anxiety and depressive disorders in the community population was higher for women than for men. Factors positively associated with anxiety and depressive disorders were female sex, middle age, low level of education, financial difficulty, being a housewife, and relationship problems. Those who had close confiding relationships were less likely to have anxiety and depressive disorders. Thus, it can be expected that the role of social support may be crucial for the maintenance of mental health of older housewives and its absence may lead to mental ill health.

Shumaker and Brownell (1984) defined social support as on exchange of resources between at least two individuals perceived by the provider or the recipients as an act intended to enhance the well being of the recipients. Focusing on the content of support Cutrona and Russell (1990) have identified esteem, emotional, social integration, tangible and informational support but all types of support are perceived to have an emotional component (Barling, Macwewn Pratt, 1988) Furthermore the most significant aspect of the social support is not its actual availability but the perception of availability of support.

Shehan, Burg, and Rexroat (1986) examined the determinants of depression among a sample of 528 married, white housewives residing in the southeastern US. The multiple regression analysis revealed that the housewife role and very few extra-familial social contacts along with low total family income and dissatisfaction with family life were significantly associated with depression. A major finding was that the impact of social contacts in reducing depression is conditioned by the housewife’s age and by children’s residence in the home. Younger women and those with no children living at home benefit more from extra-familial social contacts than do older women and those who have children at home.
Armstrong and Goldstein (1990) in a study of women (aged 65-93 years) found that the subjects rely more on informational support network and exchange variety of emotional instrumental and informational support and draw satisfaction and contentment from these exchanges. Calsyn and Roads (1991) in a study of 578 older women (aged 60-74 yrs. and 75+) found that social support has more of a positive effect on the life satisfaction of those under age 75 years than for those over 75 and the buffering effect of social support is stronger in those under age 75 group than the over age 75 group. Zimmermann-Tansella, and Lattanzi, (1991) assessed the associations between marital relationships, and symptoms of anxiety and depression in 98 married couples and found that symptoms of anxiety and depression in wives were best predicted by low ratings of affection exchange.

Studies support the point of view that “lower social support” is an important reason for decreased life satisfaction and increases in depressive symptoms among elderly (Newsome Schulz, 1996). Malone Eileen and Zarit (1995) in a study of 57 women found that instrumental support and social conflict were significantly related to depression. Both emotional conflict and informational conflicts were significant predictors of depression. Burnett and Mui (1996) compared the psychological well being of women in their 60s, 70s and 80s who were living alone and found that overall older women had higher levels of psychological well being. Living alone was inversely related to well being only for woman in their 70s. Lara, Leader, and Klein (1997) found that the social support significantly predicted both severity of depression and recovery from depression.

Asakawa, Koyano, Ando and Shipata (2000) found in a study of 692 elderly women (aged 65-85 yrs) that social networks, life satisfaction, and depression were all significantly affected when functional health status changed. Those Ss who experienced functional decline showed a large decrease in the number of relatives, friends and neighbours having frequent contacts, a larger decline in life satisfaction, and larger increase in depression than those without functional decline. Chen (2001) in a follow up study of 4,049 elderly persons found that life satisfaction among elderly decreased as age increased beyond 65 years of age. It was also found that socio-demographic variables like income decrease, living arrangement, and level of active participation in social life have a profound impact on life satisfaction of elderly.

In an Indian study, Ramachandran, Menon and Ramamurthy (1981) studied the relationship between family structure and mental illness in old age. Functional disorder was found to be high in subjects living in nuclear
families and living alone as compared to those living in ‘Joint’ or ‘loosely joint’ families. The results highlight the importance of family support as a protection from mental illness. Jamuna (1984) in a study of aged women in India, found that role activity was positively related to adjustment. Ramamurti and Jamuna (1984) reported on the basis of their study in India that individuals, both men and women, living in joint families were found to have better adjustment than individuals living in nuclear families.

The reviewed literature suggests the possibility that mental ill health is likely to be higher among women who are older and also that perceived availability of social support is likely to reduce the possibility mental illness. The present study hence aimed to assess and compare the perception of received social support and mental ill health of elderly housewives in the age groups of 50-60 years and those above 60 years. The following hypotheses were proposed to be verified.

1. Mental ill health scores are expected to be higher among older as compared to younger housewives.
2. Perception of availability of social support is expected to be lower among older as compared to younger housewives.
3. Mental ill health scores are expected to be negatively related with score on perceived social support.

**METHOD**

_Sample:_ The present study aimed at assessing the mental ill health and perception of social support received by elderly housewives in the age range of fifty years and above, hence the sample consisted of 35 housewives in the age group 50-60 yrs (HWY_o) and 35 housewives aging 60 yrs or above (HWO_o) belonging to similar socioeconomic status.

<table>
<thead>
<tr>
<th>Comparison Groups</th>
<th>Age</th>
<th>N</th>
</tr>
</thead>
<tbody>
<tr>
<td>HWY_o (young older)</td>
<td>50-60 yrs</td>
<td>35</td>
</tr>
<tr>
<td>HWO_o (old older)</td>
<td>Above 60 yrs</td>
<td>35</td>
</tr>
</tbody>
</table>

_Tools: Mental Health:_ Mental Ill health was assessed with the help of ‘Mental Health Questionnaire’ (A measure of mental ill health) by Srivastava and Bhatt (1973) which assesses six aspects of mental ill health, viz. free floating anxiety, obsessive traits and symptom, phobic anxiety, somatic concomitant anxiety, neurotic depression and hysteric traits and symptoms.
Social Support: Social support was measured using ‘Social Support Scale’ by Arora and Kumar (1998) which assesses four functional aspects of perceived social support, viz., emotional, companionship, informational, and tangible/practical were administered on these 70 housewives individually after establishing a rapport with them.

Procedure: The Mental Health Questionnaire and Social Support Scale were administered individually to all the 70 housewives after establishing a rapport with them.

RESULTS

Mean and SD’s were computed for the scores obtained on the five areas of Mental ill health and four areas of social support. Between groups comparisons were done using t-test. Correlations between scores on various areas of mental ill health and that of social support were computed using product moment method for both HWY0 and HWO0 groups separately. Results have been presented in Tables 1 and 2.

Mental ill Health: Results related to scores on Mental Health Questionnaire (A measure of mental ill health) have been presented in Table-2. High scores on this test denote poor mental health or mental ill health and low scores denote better mental health.

Older housewives were found to have significantly higher scores on all components of mental ill health as well overall ill health in comparison to younger housewives, who enjoyed better mental health (table -2).

TABLE-2
Mean, SD & ‘t’ -values Indicating Intergroup Differences on Mental Ill Health Areas and Perceived Social Support (df=68)

<table>
<thead>
<tr>
<th>Areas</th>
<th>Age Groups</th>
<th>t-Value</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>50-60 yrs</td>
<td>60+ yrs</td>
</tr>
<tr>
<td></td>
<td>(N=35)</td>
<td>(N=35)</td>
</tr>
<tr>
<td>Mental Ill Health</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. Free Floating Anxiety</td>
<td>4.66</td>
<td>7.43</td>
</tr>
<tr>
<td></td>
<td>(2.09)</td>
<td>(3.67)</td>
</tr>
<tr>
<td>2. Obsessive traits &amp; Symptoms</td>
<td>6.74</td>
<td>8.97</td>
</tr>
<tr>
<td></td>
<td>(1.95)</td>
<td>(2.83)</td>
</tr>
<tr>
<td>3. Phobic Anxiety</td>
<td>6.69</td>
<td>9.80</td>
</tr>
<tr>
<td></td>
<td>(2.37)</td>
<td>(2.75)</td>
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</tbody>
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*Journal of Indian Health Psychology*
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<table>
<thead>
<tr>
<th>Areas</th>
<th>Age Groups</th>
<th>t-Value</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>50-60 yrs (N=35)</td>
<td>60+ yrs (N=35)</td>
</tr>
<tr>
<td>4. Somatic Concomitant Anxiety</td>
<td>4.54 (2.09)</td>
<td>7.97 (2.95)</td>
</tr>
<tr>
<td>5. Neurotic Depression</td>
<td>5.71 (2.28)</td>
<td>8.34 (2.72)</td>
</tr>
<tr>
<td>6. Hysterical Traits &amp; Symptoms</td>
<td>2.74 (1.86)</td>
<td>4.63 (2.04)</td>
</tr>
<tr>
<td>Total Mental Ill Health</td>
<td>31.09 (6.74)</td>
<td>47.14 (13.53)</td>
</tr>
</tbody>
</table>

Social Support

| Companionship | 31.18 (6.13) | 30.00 (7.76) | 1.06 |
| Emotional     | 79.74 (17.58) | 75.88 (17.85) | 0.91 |
| Informational | 28.31 (7.85)  | 26.29 (11.11) | 0.88 |
| Tangible / Practical | 54.49 (12.12) | 56.80 (13.14) | 0.77 |

** p<.01

Perception of Social Support: Result related to perception of companionship support indicate that mean score of old older housewives was non significantly smaller than young older housewives an all the four components of social support. Hence differences in social support were not beyond change between two graps (Table-2)

TABLE-3

Coefficients of Correlation between Mental Ill Health and Perceived Social Support Scores within Each Age Group (df=33)

<table>
<thead>
<tr>
<th>Social Support</th>
<th>Mental Ill Health Areas</th>
<th>Free Floating Anxiety</th>
<th>Obsessive Traits &amp; Symptoms</th>
<th>Phobic Anxiety</th>
<th>Somatic Concomitant Anxiety</th>
<th>Neurotic Ill Health</th>
<th>Hysterical Ill Health</th>
<th>MIH Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Companionship</td>
<td>50-60 yrs (NS)</td>
<td>NS</td>
<td>NS</td>
<td>NS</td>
<td>NS</td>
<td>NS</td>
<td>NS</td>
<td></td>
</tr>
</tbody>
</table>

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Correlational Analysis: Correlations between scores of various scales of Mental health questionnaire and the social support scale were computed separately for each age group and the results have been presented in Table 3. None of the correlations were found to be significant for the 50-60 yrs group but a number of correlations were found to be significant for the 60+ group. Scores on Obsessive traits and symptoms were significantly and negatively correlated with companionship ($r_{33} = -.34, p< .05$) and emotional support ($r_{33} = -.34, p< .05$). Scores on Somatic anxiety were significantly and negatively correlated with companionship support ($r_{33} = -.36, p< .05$). Scores on Neurotic depression were significantly and negatively correlated with companionship support ($r_{32} = -.41, p< .05$), emotional support ($r_{32} = -.50, p< .01$) and Tangible/practical support ($r_{33} = -.35, p< .05$). Total Mental ill health scores were found to be negatively correlated with companionship ($r_{33} = -.42, p< .05$) and emotional support ($r_{33} = -.38, p< .05$).

DISCUSSION

An overall view of the results suggests that the older housewives (60+yrs) as compared to the young older (50-60 yrs) were more prone to various neurotic symptoms like free floating anxiety, obsessive traits and symptoms, phobic anxiety, somatic concomitant anxiety, neurotic depression, and hysterical traits and symptoms thus the first hypotheses which states, “Mental ill health scores are expected to be higher among older as compared to younger housewives.”, has been substantiated.

The second hypotheses which states, “Perception of availability of social support is expected to be lower among older as compared to younger
housewives.”, has not been supported by the results as both younger and older housewives have been found to be similar on all the areas of social support.

Considering the fact that none of the correlations between areas of social support and mental ill health were found to be significant for young older group (50-60 yrs) but for the older group both companionship and emotional support were found to be significantly correlated with some of the indicators of mental ill health like obsessive traits and symptoms, somatic anxiety and neurotic depression, it can be said that the third hypothesis which states, “Mental ill health scores are expected to be negatively related with score on perceived social support.”, has been only partially supported.

It is alarming to note that the prevalence of various neurotic symptoms is so high among the housewives who are aging above sixty years. It also seems that housewives in general are able to maintain a reasonably adequate level of mental health during the age of 50-60 yrs. Given that most of these women may have had their last child in the age range of about 35 to 40, their children would either be still at home or may have just departed for their education or jobs and thus they may still be enjoying an active and full home life. However, women who are beyond their sixties may be facing a sense of role erosion with their children having left leaving them a feeling of emptiness. This is generally referred to as ‘empty nest syndrome’ which has been found to be associated with onset of feelings of depression which may turn into neurotic depression eventually. Jamuna (1984) in a study of aged women in India, found that role activity was positively related to adjustment. Lack of activity may lead to decline in physical health and fitness which may gradually turn into preoccupation with one’s own physical incapacities and bodily functions which may get translated into somatic concomitant anxiety. A sense of loneliness due to the departure of the children and in their absence motherly concern and worries about them may gradually be manifested in the form of free floating anxiety and other types of neurotic symptoms. In fact, if care of these elderly women is not taken then they may become a not only physically but also psychologically dependent on the care-givers.

Another point of interest in this context appears to be the fact that though there is no difference between older and younger women on various aspects of social support yet importance of social support for the older women does seem to be apparent. It appears that companionship and emotional support are the most crucial. Lack of social support has been reported to be a significant predictor of depression (Newsome and Schulz, 1996, Lara, Leader, and Klein, 1997).
The results of the present study do indicate that if care of older women has to be taken and mental ill health has to be prevented then there can be no better way than providing them companionship and emotional support. Husbands, were reported as one of the main source from whom companionship and emotional support was expected by the participants since they were now more available at home after their retirement. Zimmermann-Tansella, and Lattanzi, (1991) had also found that symptoms of anxiety and depression in wives were best predicted by low ratings of affection exchange among married couples. Hence, efforts at enhancement of marital-accord and understanding should be included as a part of post-retirement counselling for men as it can be beneficial for both the retiree and his aging spouse. The social support available in the joint or extended families has been found to act as a protection against onset of depression and maladjustment (Ramachandran, Menon and Ramamurthy, 1981, Ramamurti and Jamuna,1984). Joint families, extended families or community programs relying on the services of volunteers can contribute significantly to the maintenance of the mental health of these elderly women. An effort towards planning interventions to enhance the mental health of the older housewife may also to reduce intergenerational and interpersonal discords within families and thus promote a congenial atmosphere not only within the family but also within the society as a whole.

REFERENCES


