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Ageing after the Loss of Partner: Exploring the Lives of Widowed Older Adults in Kerala

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Abstract: The loss of a life partner often exerts psychological distress on older adults, which often compounds with other factors, adversely affecting their lives. Living arrangements and social connections can impact the ageing experience of older adults after the loss of a spouse. This descriptive cross-sectional study was conducted among 200 randomly selected older adults from the Kasaragod district of Kerala, India, who had lost their spouses to understand the sense of community and psychosocial profile of the respondents. Data was collected using a questionnaire comprising questions on demographic details and standardised scales for measuring the sense of community, life satisfaction, loneliness and depression. The findings showed that the sense of community had a significant positive correlation with life satisfaction ($r = 0.531$) and significant negative correlations with loneliness ($r = -0.304$) and depression ($r = -0.603$). Loneliness and depression had a significant positive correlation ($r=0.447$) with each other. Satisfaction with life had significant negative correlations with loneliness ($r = -0.529$) and depression ($r = -0.689$). Also, there were significant differences in the psychosocial profile of the respondents based on gender. Female respondents had significantly higher loneliness and depression and significantly lower life satisfaction and sense of community than their male counterparts. The findings suggest that widowed older adults experience significant psychosocial distress, and this distress is disproportionately affecting women. Hence, gender-informed interventions that target improving the social connectedness of older adults can contribute to better mental health outcomes.

Keywords: Older adults; sense of community; mental health; sociability; life satisfaction

Background of the Study

Older adults constitute a significant segment of the general population that is vulnerable to physical and psycho-social difficulties in general. With the trend of the greying population across the world, research on older adults and their psycho-social prospects is gaining traction. The number and proportion of people aged 60 years and older in the population are increasing. The number of people aged 60 years and older is estimated to increase from 1 billion to 1.4 billion by 2030 (WHO, n.d.). This increase is occurring at an unprecedented pace and will accelerate in the coming decades, particularly in developing countries. People worldwide are living longer, and hence, most people can expect to live into their sixties and beyond. Every country in the world is experiencing growth in both the size and the proportion of older persons in the population. Although population ageing began in high-income countries, it is now the low- and middle-income countries that are undergoing the most significant transformation. By 2050, it is expected that two-thirds of the global population

aged over 60 will reside in low- and middle-income countries (WHO, 2022). Traditionally, families played an important role in taking care of older adults in developing countries like India. However, at present, traditional extended families are no longer the prevalent living arrangement of most families. Ageing issues were catapulted onto the world stage during the closing years of the 20th century. In 1997, the G-8 Summit in Denver included on its policy agenda a discussion of ageing as a global concern, focusing particularly upon the eight participant nations' labour force and pension, health, and long-term care challenges (Cox et al., 2001), which lead to mainstreaming of ageing related problems into the global stage.

Numerous studies throw light on various psychosocial issues, such as loneliness (Chawla et al., 2021; Di Perna et al., 2022), depression (Hu et al., 2022; Assariparambil et al., 2021), and satisfaction with life (Khodabakhsh, 2022)., as well as the physical health issues that affect older adults. Older adults who have lost their spouse form a subset of the population of older adults that faces a unique set of psycho-social challenges, including depression (Hung et al., 2021; Srivastava et al., 2021). After the loss of a partner, most older adults live with their children or relatives, but a few live alone and a few shift to institutional care. While ageing in place is the preferred choice and, in fact, helpful in retaining the social identity of the person (Choolayil et al., 2023), it comes with a set of challenges as well. They can be at risk of physical injury and are vulnerable to psychological distress. There is a lack of advanced assistive technologies as well in the Indian context. Hence, assessing these risks can be pivotal in helping older adults lead better lives.

Loss of a Spouse and its Impact on the Lives of Older Adults

Older adults who have lost their spouse tend to experience a set of challenges in terms of their mental health. Many older adults face psychological distress owing to family changes, retirement, becoming aware of one's own mortality, dwindling physical reserves, changes in income, and a shrinking social world. Widowhood is a significant factor that contributes to additional psychological distress in many older adults (Srivastava, 2021). Also, being single in late adulthood has been found to be significantly correlated with depression (Paul et al., 2019). In addition, multiple studies have shown that loneliness has been linked to widowhood, living alone, infrequent family visits, and low socioeconomic status (Thakur et al., 2018; Wright-St Clair et al., 2017; Sharma & Dube, 2015; Havens et al., 2003). Essentially, social interaction and peer support are beneficial for overcoming loneliness (Czaja et al., 2021; Sharma & Dube, 2015). 'Sense of community', which can be a key indicator of social interaction, is a factor that can help improve the psycho-social prospects of older adults (McMillan & Chavis, 1986). The likelihood of self-reported poor health and depressive symptoms are associated with lower levels of psychological sense of community (Tang et al., 2017). The link between this social support and life satisfaction has been found to be of a causal nature. Life dissatisfaction is closely linked to a disability, psychological distress, and a lack of friends and social support (Banjara & Pradhan, 2015; Papi & Cheraghi, 2021).

Besides the challenges in psycho-social domains, older adults also face challenges in terms of physical health. Biological ageing induces significant changes in a person's ability to move, perceive, think, feel and other bodily functions. The higher costs associated with healthcare visits and transportation are additional obstacles that older adults face in many countries (WHO, 2015). Living with a partner is often helpful in overcoming some of the difficulties associated with the physical quality of life. The loss of a spouse can be detrimental in this regard as well, as older adults who have poor social and family support tend to receive poor care after the loss of a spouse. If they are living alone after the loss of a spouse, they often have no support at all in the activities of daily living, which can have a detrimental effect on

their physical health and well-being (Edwards et al., 2020; Yang et al., 2022). Even for those older adults who receive care from relatives, the loss of a spouse can have detrimental effects on the activities of daily living. Hence, the study seeks to map the psychosocial problems and physical profile of the target population. The study shall also serve as a pointer to the distress faced by older adults in terms of social life-related difficulties. Understanding the physical and psychological difficulties can help in advocating for policies and interventions that can address these challenges.

Loss of Spouse and the Cultural Considerations: The Indian Context

Widowhood is often considered to be an adverse socio-cultural event in the Indian context due to traditional beliefs and worldviews. This is particularly true for widows who undergo a "ritualised masculinity" perpetuated by society (Ahmed-Ghosh, 2009), which often leads to a sense of shock and involves a dynamic process with long-term public health implications (Mohindra et al., 2012). In the historical context, widows had to undergo a unique set of challenges, including ascetic widowhood (Chakravarti, 1995) and poor material and existential conditions (Chakravarti, 1993). Given the fact that women have better life expectancy than men globally, the sex ratio statistics in later life are skewed (Carr & Bodnar-Deren, 2009). This study has been conducted in Kasargod, the northernmost state of Kerala. In terms of the older adult population, Kerala has one of the largest numbers of older adults in India, constituting 16.5 per cent of the state's overall population. The average life expectancy of the state is 75.3, in contrast to the national average of 69.4, and women have a better life expectancy than men (National Health Systems Resource Centre, 2022). While longer life expectancy is a favourable health outcome, it also exposes women to longer widowhood durations. This makes widowhood and its impact gendered to a great extent, particularly in the Indian context. Studies from India, including Kerala, have shown that widowhood, in general, induced no adverse outcome for men except cognitive problems, while for women, widowhood was found to induce poor health outcomes (Mohindra et al., 2012; Perkins et al., 2016). The study site chosen for this study, i.e. Kasaragod district, consists of mostly rural settings that are marked by a sense of community and social connectedness. However, ageing and widowhood often have a diminishing effect on social connectivity. Widowed older adults, due to a compounding effect of physical difficulties due to biological ageing and mental distress due to widowhood, tend to withdraw from social activities, gradually diminishing their sense of community and social connectedness. Also, given the socio-cultural context, women have fewer opportunities for social connectedness in general, and old age and widowhood can compound this disadvantage. Hence, this research, in addition to mapping the psychosocial problems and physical profile of the target population, explored the gendered nature of the physical and psychological difficulties of widowed older adults.

Method and Materials

Since the research aimed at understanding the distress, both physical and mental, experienced by community-dwelling widowed older adults, a descriptive cross-sectional design was adopted. The selection of a cross-sectional descriptive design was made with the aim of capturing a snapshot of the phenomenon, including the physical and psychological distress faced by the respondents due to their widowhood status (Ndidiamaka et al., 2020). Since evidence from previous studies suggests that the distress of widowed older adults is gendered (Mohindra et al., 2012; Perkins et al., 2016; Chakravarti, 1995; Chakravarti, 1995), the data was analysed from a feminist theoretical lens to understand if gender had any significant influence on the variables in the study, as these insights could be particularly helpful in understanding the gendered psychosocial distress (Baumeister, 1988).

The state of Kerala was chosen for the study as the state has a higher life expectancy than the national average, and widowhood statistics are also high due to the life expectancy gap between men and women, with women having higher life expectancies. Kasaragod district was opted as the study site in the state, as the records showed a considerable number of older adults who have lost their spouses living in the region. For conceptual clarity, the term 'older adult' in this study was operationalised as any individual who is above 60 years of age, and the terms 'widow/widower' and 'older adult who has lost a spouse' are used interchangeably to indicate an individual who was 60 years of age or above and whose legal life partner (husband/wife) has demised. Once the respondent characteristics were operationalised, the respondents were recruited using a two-step process. Initially, the list of older adults registered with a healthcare project was acquired through the proper channels. A list of widowed older adults was prepared by filtering the list. Randomly chosen individuals were then contacted for the study and were recruited to the study after informed consent was obtained until a sample size of 200 was obtained, ensuring randomisation and representative sample (Krejcie & Morgan, 1970). The data was collected with a standardised questionnaire. The details pertaining to demographic profiles, psychosocial problems, physical health problems and daily living activities were collected from the respondents.

Loneliness was measured using the UCLA Loneliness Scale (Russell, 1996). The scale contains twenty items on a four-point scale measuring the subjective feelings of loneliness as well as feelings of social isolation. The higher the score on the scale, the higher the loneliness of the respondent. Depression was measured using the Geriatric Depression Scale (short form), which contains fifteen items measured on a two-point scale. Scores greater than five on the scale are indicative of depression. Satisfaction with life was measured using The Satisfaction with Life Scale, which is a five-item instrument measured on a seven-point scale; higher scores indicate higher satisfaction with life. Sense of community was measured using The Sense of Community Index 2 Scale (Chavis et al., 2008), which contains twenty-four items rated on a four-point scale. The scale has four sub-domains viz. Reinforcement of Needs, Membership, Influence and Shared Emotional Connection. Higher scores on the scale indicate a higher sense of community. All the instruments were translated into vernacular language and piloted. All the instruments were found to have good content validity, and the alpha statistics were found to be ideal (above 0.80) for all the instruments.

Ethical Considerations

The study has adhered to the ethical standards laid out by IFSW for social workers (IFSW, 2018). The respondents of the study were handed over a Participant Information Sheet (PIS), or the contents of the PIS were explained to them before obtaining consent for participation in the study. Participation in the study was voluntary, and informed consent was obtained from all the respondents. All the identifying information of the respondents was masked, and alphanumeric characters were used as identifiers in the dataset.

Findings and Discussion

Table 1: Socio-Demographic Details of the Respondents

Age		
Age Category	**Frequency**	**Percent**
60-65	82	41.0
66-70	74	37.0

Above 70	43	21.5
76	1	.5
Total	200	100.0
Gender		
Gender	**Frequency**	**Percent**
Male	31	15.5
Female	169	84.5
Total	200	100.0
Community		
Category	**Frequency**	**Percent**
Scheduled Caste	1.0	1.0
Scheduled Tribe	2.0	2.0
Other Backward Communities	55.0	55.0
Other Eligible Communities	21.0	21.0
General	21.0	21.0
Total	100.0	100.0
Education		
Educational Qualification	**Frequency**	**Percent**
No formal education	85	42.5
Below SSLC	94	47.0
SSLC	16	8.0
Pre University College	3	1.5
Graduation	2	1.0
Total	200	100.0
Type of family		
Type of Family	**Frequency**	**Percent**
Joint	7	3.5
Extended	1	.5
Nuclear	192	96.0
Total	200	100.0
Occupation		
Nature of Employment	**Frequency**	**Percent**
Self-employed	1	.5
Labour	3	1.5
Homemaker	7	3.5
No occupation	188	94.0
others	1	.5
Total	200	100.0

Monthly income		
Income Category	**Frequency**	**Percent**
Below 5000	168	84.0
5001-10000	14	7.0
10001-15000	4	2.0
15001-20000	6	3.0
above 20000	8	4.0
Total	200	100.0

Most of the respondents of this study were aged between 60 and 70 (78 per cent) and were mostly female (84.5 per cent). The majority (96 per cent) of them hailed from nuclear families and lived in their own houses (98 per cent). Most of them were not actively employed at the time of the study (94 per cent). The results coincide with the overall trend in terms of the feminisation of ageing (National Health Systems Resource Centre, 2022) and the financial dependency of older adults (Mohindra et al., 2012).

Table 2: Health Conditions of the Respondents

Condition	Frequency	Percent
Respiratory infections	90	45.0
Cancer	3	1.5
Cardio-Vascular Issues	13	6.5
Stroke	4	2.0
Diabetes	157	78.5
Joint Pains	170	85.0
Kidney Diseases	5	2.5
Liver Diseases	1	.5
Digestion Problems	124	62.0
Ophthalmic Problems	136	68.0
Dental issues	85	42.5

Many respondents in this study were suffering from respiratory infections (45 per cent), three (1.5 per cent) were cancer patients, 13 had cardio-vascular diseases (6.5 per cent), four had survived stroke (2 per cent), 157 had diabetes (78.5 per cent), 170 were having joint pains (85 per cent), 5 had kidney diseases (2.5 per cent), 1 had liver disease (.5 per cent), 124 had digestion problems (62 per cent), 136 had ophthalmic problems (68 per cent) and 85 had dental issues (42.5 per cent).

Table 3: Condition of current health status compared to previous years

Status	Frequency	Percent
Same	13	6.5
Worse	187	93.5

Total	200	100.0

The perceived health of an individual represents the feeling of an individual regarding their health, which is a valid measure of subjective health (Shields & Shooshtari, 2001). In order to study how the respondents considered the progression of their health, they were asked to rate their health in comparison with the previous year. The majority (93.5) of them opined that their health had become worse than that of the previous year. The findings show that the respondents of the study were not experiencing positive outcomes in terms of health, as indicated by the self-reported health status.

Table 4: Frequency of visits to the hospital

Frequency of visits	Frequency	Percent
Often	61	30.5
Rarely	136	68.0
Never	3	1.5
Total	200	100.0

In order to understand the health-seeking behaviour of the respondents, the frequency of their hospital visits was studied. Surprisingly, 68 per cent of the respondents rarely visited hospitals. Only 30.5 per cent visited hospitals frequently. Despite reporting multiple morbidities (Table 2), the majority of the respondents were not seeking medical help frequently enough, which can lead to detrimental health outcomes. The low frequency of hospital visits could be due to factors like the need for more support for travel and assistance for healthcare access.

Table 5: Awareness and Utilisation of the Care/ Support Services by the respondents

Utilisation of the Care/ Support Services (n = 200)				
Domain	Percentage of			
	Both Awareness and Utilisation	Only Awareness	Only Utilisation	Neither awareness nor utilisation
Health insurance schemes	81.5	5.5	-	13
Pension schemes	98	-	-	2
Higher interest rate for savings	19.5	-	0.5	80
Concession tickets on train	25	0.5	-	74.5
Reservation for seats on bus	55	1.5	-	43.5
Reverse mortgage scheme	14	2	-	84

In order to study if the respondents were aware of and utilising care/support schemes offered by the state, an inquiry was made on the service usage of key facilities. It was found that 81.5

per cent of the respondents were both aware of and utilising health insurance schemes, and 98 per cent were aware of and using pension schemes. However, 80 per cent were neither aware of nor utilising the higher interest rates on bank savings. Also, 74.5 per cent and 43.5 per cent were neither aware nor utilising reservations and concessions on trains and buses, respectively. Also, 84 per cent were not aware of the reverse mortgage scheme. The findings show that most participants were of and were utilising the old age pension scheme of the state, but they were unaware of other social security measures of the state, indicating poor efforts to educate older adults on the social security measures. As part of the study, after the data collection, the research team provided the respondents with information on the social security programmes (listed in Table 5).

Table 6: Activities of Daily Living

Activities of Daily Living (n=200)			
Activity	**By Self**	**Need Partial External Assistance**	**Complete External Assistance**
Walking	96%	4%	-
Bathing	99%	1%	-
Toileting	100%	-	-
Feeding	99	1%	-
Dressing	99.5%	0.5%	-
Personal hygiene	95.5%	2.5%	2%
Grocery Shopping	16.5%	45.5%	38%
Food preparation	13.5%	64%	22.5%
Housekeeping	14.5%	62%	23.5%
Laundry	11.5%	59.5%	2%
Transportation	8%	52%	40%
Medication	8.5%	49.5%	42%
Use of telephone or smartphone	11%	44.5%	44.5%
Finance/Budgeting	8.5%	47.5%	44%

Being able to manage day-to-day activities is a critical element in ageing in place. The above table discusses the level of assistance needed for the respondents of this study in daily activities like walking, bathing, toileting, feeding, dressing, personal hygiene, shopping, housekeeping, etc. Most of the respondents were able to manage basic activities like walking, bathing, toileting, feeding, dressing and personal hygiene on their own. However, when it came to activities like grocery shopping, cooking, housekeeping, laundry, transportation, medication, smartphone usage and budgeting, most of them required partial or complete external assistance. The findings show that most of the respondents of the study depended on significant others to do some of the activities of daily living. The finding is important in terms

of the social connectedness of the individuals. Individuals with better social connectedness and those with care support could get help in activities of daily living like shopping and transportation, but those with poor support face difficulties in managing their activities of daily living.

Table 7: Participation in social gatherings

Participation in social gathering	Frequency	Percent
Often	21	10.5
Rarely	155	77.5
Never	24	12.0
Total	200	100

Social interaction and social connectedness are essential for older adults ageing in place. The nature of their connection with their fellow community members can significantly shape the nature of their lives in the community (Bertera, 2003). However, the findings show that only 21 (10.5 per cent) frequently attended social gatherings, 155 (77.5 per cent) rarely attended social gatherings and 24 (12 per cent) never attended any social gatherings. This poor rate of participation in social gatherings could be due to a poor sense of community, poor social support or even due to poor transport/mobility options.

Table 8: Preferred Activities during Leisure Time

Most preferred activity during leisure time	Frequency	Percent
Gardening	14	7.0
Reading	5	2.5
Television	131	65.5
Going for a walk	35	17.5
Cooking	13	6.5
Others	2	1.0
Total	200	100.0

Engaging in activities of interest can positively contribute to the well-being of older adults. Older adults residing in communities can benefit from engaging in leisure activities (Asiamah, 2017). The findings (Table 8) suggest that the most preferred leisure time of older adults was watching television (65.5 per cent), followed by walking (17.5 per cent). Other activities like gardening, reading and cooking were preferred by only some of them.

Table 9: Psychosocial Profile of the Respondents

Variables	Mean	Std. Deviation
Loneliness	50.52	1.93
Depression	9.51	4.50
Satisfaction with Life	16.93	7.92
Sense of Community		
Domains	**Mean**	**Std. Deviation**
Reinforcement	7.93	3.275
Membership	15.58	1.52
Influence	7.64	3.52
Shared emotion	7.86	3.44
Sense of Community	31.19	13.22

The mean loneliness of the respondents of this study was 50.52(±1.93), the mean depression was 9.51 (±4.50), and the mean 'satisfaction with life was 16.93 (±7.92). Findings suggest that the respondents were experiencing difficulties in terms of psychological health. The sense of community of the respondents was also low, with an average score of 31.19 (±13.22). The findings suggest that they experience depression, loneliness and poor satisfaction with life, which could also be aggravated if they have a low 'sense of community'. The psychosocial profile could be further aggravated if they do not receive enough avenues to improve their psychosocial prospects. Further analyses were conducted to assess the level of depression and satisfaction with life of the respondents (presented in Tables 10 and 11).

Table 10: Status of Depression among the Respondents

Status	Frequency	Percentage
No Depression	32	16
Indicative of Depression	168	84

The categorical stratification of depression scores of the respondents shows that the majority of the respondents (84 per cent) were potentially experiencing depression. This can adversely impact the mental health of older adults, particularly those living alone. Helping older adults overcome depression by providing mental health care services can be a positive intervention in this regard (Crabb & Hunsely, 2006).

Table 11: Satisfaction with Life of the Respondents

Level of Satisfaction	Frequency	Percentage
Extremely dissatisfied	30	15.0
Slightly dissatisfied	39	19.5
Dissatisfied	53	26.5
Neutral	3	1.5
Slightly satisfied	44	22.0
Extremely Satisfied	31	15.5
Total	**200**	**100**

Satisfaction with life among older adults is closely related to healthy ageing, as life satisfaction is an important indicator of mental well-being. Among the 200 respondents, 15.5 per cent were extremely satisfied, and 22 per cent were slightly satisfied with their lives. The rest of the respondents' satisfaction levels varied from extremely dissatisfied to dissatisfied. The level of satisfaction, especially for older adults, varies depending upon the nature of the society they belong to, their age, and the type and nature of their engagements in the society (Reiners et al., 2020). Hence, interventions promoting older adults' social engagement and support must be prioritised.

Table 12: Correlation among the Major Variables of the Study

	Loneliness	Depression	Satisfaction with Life	Sense of Community
Loneliness	1			
Depression	0.447**	1		
Satisfaction with Life	-0.529**	-0.689**	1	
Sense of Community	-0.304**	-0.603**	0.531**	1

**. Correlation is significant at the 0.01 level (2-tailed).

In order to study how the psychosocial variables under consideration in this study correlated with each other, a Pearson correlation test was run. The results suggest that there was a strong correlation among the variables under study. Loneliness and depression had a significant

positive correlation (at r = 0.447). Satisfaction with life had a significant negative correlation with loneliness at r = -0.529 and depression (at r = -0.689). Sense of community had significant negative correlations with loneliness (r = -0.304) and depression (r = -0.603). Sense of community had a significant positive correlation with Satisfaction with life (r = 0.531). The findings suggest that improved sociability is associated with a better mental health profile among older adults living alone. Findings from previous studies also suggest that social connectedness is a determinant of mental well-being among older adults (Cornwell & Waite, 2009). Interventions that target improving the social connectedness of older adults can contribute to this aspect. A sense of community is an important factor for older adults who have lost a spouse since they depend on the community for their social needs.

Variations in the Psychosocial Profile of the Respondents based on Gender

In order to study the differences in the psychosocial profiles of the respondents in terms of gender, a cross-tabulation followed by an independent samples t-test was administered. The results of the analysis are presented below:

Table 13: Variations in the Psychosocial Profile of the Respondents based on Gender

Variable	Gender	Frequency	Mean	Std. Deviation
Loneliness	Male	31	49.7419	1.29016
	Female	169	50.6627	1.99669
Depression	Male	31	5.7742	3.98923
	Female	169	10.2012	4.25886
Satisfaction with Life	Male	31	21.8710	6.00412
	Female	169	16.0296	7.91880
Sense of community	Male	31	42.9677	9.56551
	Female	169	29.0355	12.67398

Since the research was exploring the question of the psychosocial profile of widowed older adults from a gender lens as well, the data was assessed to understand if there were significant differences in the psychosocial distress between male and female respondents of the study. The data show that male respondents of the study were experiencing a better psychosocial profile compared to female respondents. It was found that the mean loneliness score of female respondents was 50.66 (±1.99), which was significantly higher than their male counterparts, whose mean loneliness score was marked at 49.74 (±1.29) at t= -2.472 (p=0.014). The mean depression score of male respondents was 5.78 (±3.98) compared to that of 10.20 (±4.25) of female respondents at t= -5.34 (p=0.000). In terms of positive measures, male respondents fared better than female respondents. The mean life satisfaction score of male respondents was 21.87 (±6.0) in comparison to female respondents, whose average score was 16.03 (±7.91) and was found to be significantly different at t = 4.71 (p=0.000). The overall Sense of Community for male respondents was 42.96(±9.56) when compared with that of the female (29.04±12.67), which was significantly different at t=7.053 (p=0.000). Older female respondents of this study were experiencing poor mental health when compared to their male counterparts, indicating that psycho-social distress experienced by older adults who have lost a spouse can be gendered. The finding is important given the fact that the state programmes

and interventions targeting the psychosocial well-being of older adults do not often take into consideration the gendered nature of the problem. Efficacious interventions need to take into consideration this gender element and design gender-informed programmes and policies to address the problem.

Discussion and Conclusion

Older adults who have endured the loss of their spouse constitute a vulnerable group. Although many widowed older adults have the opportunity to ‘age in place’ despite the loss of their spouse, they often face disproportionate psychological distress than their married counterparts. The results of this study corroborate the findings from previous studies that widowed older adults experience higher levels of mental distress than non-widowed older adults (Ward et al., 2007; Bi et al., 2022). However, the findings also suggest that the better the social connectedness of the widowed older adults, the better their ‘life satisfaction’ and the sense of community was also inversely proportional to the depression and loneliness experienced by the respondents. The findings suggest how a ‘sense of community’ plays a pivotal role in the lives of widowed older adults. The support from the community and family can help older adults overcome the potential mental distress posited by the loss of their spouse. This is particularly true for older adults who tend to isolate themselves from the mainstream community after the loss of their spouse. Those individuals who actively engage in the community tend to experience better mental health outcomes than those who isolate themselves from the community. These findings are significant for improving the successful ageing prospects of older adults who undergo the loss of a spouse.

Another major finding from the study is the gendered nature of psychological outcomes for older adults who have lost their spouses. Given the background of higher life expectancy of women, most of the respondents in this study were female. The findings also showed disproportionate levels of poor mental health outcomes, with female respondents experiencing significantly higher levels of loneliness and depression and significantly lower levels of sense of community and life satisfaction. Given the findings from previous studies on the disproportionate impact of widowhood on women (Mohindra et al., 2012), the disproportionate mental health outcomes evident from this study are unsurprising. This trend throws light on the need for gender-informed interventions for mental health among older adults. Though there are programmes for mental health interventions among older adults, they are mostly generic, not taking into consideration the gender element into consideration. Hence, gender-informed interventions for the mental health of widowed older adults are a key consideration.

The loss of a spouse can often be mentally draining for an individual and can detrimentally affect their mental health. Interventions by immediate others, including family members and community members, can play a positive role in helping them manage their lives better. However, the role of community in an individual’s life is not a one-time event. A sense of community is a concept developed over a period of time. Individuals, being part of a community, are part of a knitted system in which there is mutual reciprocation. The more the individual engages in the community, the more closely-knit their ties to the community are. The lesser the individual's engagement with the community, the lesser the intensity of the ‘sense of community’ experienced by the individual. This is a mutually proportionate process, and the community and the individual are mutually contributing to each other. The process is dynamic and longitudinal. Helping individuals overcome the psychological distress posited by widowhood is only one of the many benefits of being closely knit with the community. The process is longitudinal and essentially evolves over the life course. Hence, interventions that

help older adults engage better in the community can be of help in addressing the loss of spouse and widowhood. However, these interventions need to be longitudinal in nature, with older adults engaging in community efficiently from early to late adulthood.

References:

Ahmed-Ghosh, H. (2009). Widows in India: issues of masculinity and women's sexuality. *Asian Journal of Women's Studies*, 15(1), 26-53.

Asiamah, N. (2017). Social engagement and physical activity: Commentary on why the activity and disengagement theories of ageing may both be valid. *Cogent Medicine*, 4(1), 1289664.

Assariparambil, A. R., Noronha, J. A., Kamath, A., Adhikari, P., Nayak, B. S., Shankar, R., & George, A. (2021). Depression among older adults: a systematic review of South Asian countries. *Psychogeriatrics*, 21(2), 201-219.

Banjara, P., Dwivedi, R., & Pradhan, J. (2015). Factors associated with life satisfaction among the rural elderly in Odisha, India. *Health and Quality of Life Outcomes*, 13(201). 10.1186/s12955-015-0398-y.

Baumeister, R. F. (1988). Should we stop studying sex differences altogether? *American Psychologist*, 43(12), 1092–1095. https://doi.org/10.1037/0003-066X.43.12.1092.b.

Bertera, E. M. (2003). Physical activity and social network contacts in community dwelling older adults. *Activities, Adaptation & Aging*, 27(3-4), 113-127.

Bi, T., Kou, H., Kong, Y., & Shao, B. (2022). Widowhood Impairs Emotional Cognition Among Elderly. *Frontiers in Aging Neuroscience*, 13, 1031.

Boyd., Neil & Nowell., &Branda. (2017). Testing a theory of sense of community and community responsibility in organisations: An empirical assessment of predictive capacity on employee well-being and organisational citizenship. *Journal of Community Psychology*: 210-229. doi: 10.1002/jcop.21843.

Chakravarti, U. (1993). Social Pariahs and Domestic Drudges: Widowhood among Nineteenth Century Poona Brahmins. *Social Scientist*, 21(9/11)130-158.

Carr, D., & Bodnar-Deren, S. (2009). Gender, aging and widowhood. In *International handbook of population aging* (pp. 705-728). Dordrecht: Springer Netherlands. https://doi.org/10.1007/978-1-4020-8356-3_32

Chakravarti, U. (1995). Wifehood, Widowhood and Adultery: Female Sexuality, Surveillance and the State in 18th Century Maharashtra. *Contributions to Indian Sociology*, 29(1-2), 3–21. doi:10.1177/006996679502900l002.

Chavis, D.M., Lee, K.S., & Acosta J.D. (2008). The Sense of Community (SCI) Revised: The Reliability and Validity of the SCI-2. Paper presented at the 2nd International Community Psychology Conference, Lisboa, Portugal.

Chawla, K., Kunonga, T. P., Stow, D., Barker, R., Craig, D., & Hanratty, B. (2021). Prevalence of loneliness amongst older people in high-income countries: A systematic review and meta-analysis. *Plos one*, 16(7), e0255088.

Choolayil, A. C., Putran, L., Kunder, M. A., & Ilango, P. (2023). Identity Reconstruction under Institutional Living and its Impact on Life Satisfaction among Older Adults. *Ageing International*, 48(2), 482-500.

Cornwell, E. Y., & Waite, L. J. (2009). Social disconnectedness, perceived isolation, and health among older adults. *Journal of health and social behavior*, 50(1), 31-48.

Cox, E. O. (2001). Empowerment-oriented practice applied to long-term care. *Journal of Social work in Long-term Care*, 1(2), 27-46.

Crabb, R., & Hunsley, J. (2006). Utilisation of mental health care services among older adults with depression. *Journal of clinical psychology*, 62(3), 299-312.

Czaja, S. J., Moxley, J. H., & Rogers, W. A. (2021). Social support, isolation, loneliness, and health among older adults in the PRISM randomized controlled trial. *Frontiers in Psychology*, 12, 728658.

Di Perna, G., Radford, K., Barbery, G., & Fitzgerald, J. A. (2022). A systematic literature review of loneliness in community dwelling older adults. *Social Sciences*, 12(1), 21.

Diener, E., Emmons, R. A., Larsen, R. J., & Griffin, S. (1985). The Satisfaction with Life Scale. *Journal of Personality Assessment*, 49, 71-75.

Edwards, R. D., Brenowitz, W. D., Portacolone, E., Covinsky, K. E., Bindman, A., Glymour, M. M., & Torres, J. M. (2020). Difficulty and help with activities of daily living among older adults living alone with cognitive impairment. Alzheimer's & dementia: *the journal of the Alzheimer's Association*, 16(8), 1125–1133. https://doi.org/10.1002/alz.12102.

Havens, B., Hall, M., Sylvestre, G., & Jivan, T. (2004). Social isolation and loneliness: Differences between older rural and urban Manitobans. *Canadian Journal on Aging/la revue canadienne du vieillissement*, 23(2), 129-140.

Hu, T., Zhao, X., Wu, M., Li, Z., Luo, L., Yang, C., & Yang, F. (2022). Prevalence of depression in older adults: A systematic review and meta-analysis. *Psychiatry research*, 311, 114511.

Hung, Y. C., Chen, Y. H., Lee, M. C., & Yeh, C. J. (2021). Effect of Spousal Loss on Depression in Older Adults: Impacts of Time Passing, Living Arrangement, and Spouse's Health Status before Death. *International journal of environmental research and public health*, 18(24), 13032. https://doi.org/10.3390/ijerph182413032.

IFSW. (2018). *Global Social Work Statement of Ethical Principles*. Retrieved from https://www.ifsw.org/global-social-work-statement-of-ethical-principles/.

Khodabakhsh, S. (2022). Factors affecting life satisfaction of older adults in Asia: A systematic review. *Journal of Happiness Studies*, 23(3), 1289-1304.

Kotval, Z. K., Keilman, L., & Wang, W. (2020). Transportation services for older adults and preventive healthcare attainment. *Urban Science*, 4(3), 38.

Krejcie, R. V., & Morgan, D. W. (1970). Determining sample size for research activities. *Educational and psychological measurement*, 30(3), 607-610.

Lin, C. Y., Wang, J. D., & Liu, L. F. (2020). Can We Apply WHOQOL-AGE to Asian Population? Verifying Its Factor Structure and Psychometric Properties in a Convenience Sample From Taiwan. *Frontiers in Public Health*, 8, 575374.

McMillan, W. D & Chavis, M. D. (1986). Sense of Community: A Definition and Theory. *Journal of Community Psychology* 14, 6-23.

Mohindra, K. S., Haddad, S., & Narayana, D. (2012). Debt, shame, and survival: becoming and living as widows in rural Kerala, India. *BMC international health and human rights*, 12, 1-13.

National Health Systems Resource Centre (2022). *Health Dossier 2021: Reflections on Key Health Indicators – Kerala*. Retrieved from https://nhsrcindia.org/sites/default/files/practice_image/HealthDossier2021/Kerala.pdf.

Ndidiamaka, Ihudiebube-Splendor & Chikeme, Paulina. (2020). *A Descriptive Cross-Sectional Study: Practical and Feasible Design in Investigating Health Care–Seeking Behaviors of Undergraduates*. Sage. doi.org/10.4135/9781529742862.

Papi, S., & Cheraghi, M. (2021). Multiple factors associated with life satisfaction in older adults. *Menopause Review*, 20(2), 65–71. https://doi.org/10.5114/pm.2021.107025.

Paul, N. S. S., Ramamurthy, P. H., Paul, B., Saravanan, M., Santhosh, S. R., Fernandes, D., & Isaac, R. (2019). Depression among geriatric population; the need for community awareness. *Clinical epidemiology and global health*, 7(1), 107-110.

Perkins, J. M., Lee, H. Y., James, K. S., Oh, J., Krishna, A., Heo, J., Lee, J., & Subramanian, S. V. (2016). Marital status, widowhood duration, gender and health outcomes: a cross-sectional study among older adults in India. *BMC Public Health*, 16(1), 1-12.

Reiners, A. A. O., Azevedo, R. C. D. S., Cardoso, J. D. C., Espinosa, M. M., & Santana, A. Z. R. (2020). Dissatisfaction with life and associated factors in older community-dwelling adults. *Revista Brasileira de Geriatria e Gerontologia*, 23, 23(6): e1902336.

Russell, D. W. (1996). UCLA Loneliness Scale (Version 3): Reliability, validity, and factor structure. *Journal of personality assessment*, 66(1), 20-40.

Sharma, P., & Dube, S. (2013). Loneliness in Aging. *International Journal of Science and Research*, 4(6);253-255.

Srivastava, S., Debnath, P., Shri, N., & Muhammad, T. (2021). The association of widowhood and living alone with depression among older adults in India. *Scientific reports*, 11(1), 21641. https://doi.org/10.1038/s41598-021-01238-x.

Tang, F., Chi, I., Xu, L., &Dong, X. (2017). Exploration of the Relationships of Psychological Sense of Community with Self-Rated Health and Depressive Symptoms among Older Chinese Americans. *Gerontology and Geriatric Medicine*. 4; 1-7. doi.org/10.1177/2333721418778183.

Thakur, K., Sharma, V., & Rahman , J. (2018). Comparative Study to Assess Loneliness among Elderly Men and Women in Selected Residential areas of Delhi with a view to Develop and Disseminate an Information Booklet on Coping with Loneliness. *International Journal of Advanced Research*, 6(5), 238-245. doi: 10.21474/IJAR01/7025.

Ward, L., Mathias, J. L., and Hitchings, S. E. (2007). Relationships between bereavement and cognitive functioning in older adults. *Gerontology* 53, 362–372. doi: 10.1159/000104787.

WHO. (2022 October 1). *Ageing and Health*. Retrieved from https://www.who.int/news-room/fact-sheets/detail/ageing-and-health.

WHO. (n.d.). *Ageing*. Retrieved from https://www.who.int/health-topics/ageing

Wright-St Clair, V. A., Neville, S., Forsyth, V., White, L., & Napier, S. (2017). Integrative review of older adult loneliness and social isolation in Aotearoa/New Zealand. *Australasian Journal on Ageing*, 36(2), 114-123.

Yang, Y., Swinnerton, K., Portacolone, E., Allen, I. E., Torres, J. M., & Duchowny, K. (2022). Difficulties with Activities of Daily Living and Receipt of Care Among Older Adults with Cognitive Impairment: Differences Between Those Living Alone and Those Living with Others. *Journal of Alzheimer's Disease*, 89(1), 31–37. https://doi.org/10.3233/JAD-220172.

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