Mental Health of Rural Women during COVID-19 pandemic

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Abstract - **Rural life which is the epitome of simple living, harmonious and supportive way of lifestyle has gone through many changes in the present scenario. A person of rural society faces lots of changes due to technological advancement, changes in lifestyle and changing in family structures and demands. Social relationships in the countryside can foster negative reactions with mental health problems because of prevalent traditions, values, and expectations. Women in particular as a social group face lots of changes in relation to their position, work and family lives in the rural society. During the COVID 19 pandemic period women from rural setting experienced lots of mental health issues particularly due to stress for various reasons. The present study focuses on the major causes of psychological stresses particularly in the rural community. For this purpose, a study was conducted among women from rural setting selected randomly. They were divided into the age group of 20-35 and 36-50 years and were administered the stress scale to measure their stress. Besides they were asked different questions related to stress and all the data were collected following the COVID guidelines. Statistical analysis was made to find out the significance of the scores. It was observed that women from the rural setting in age group of 20-35 years were more vulnerable to stress in comparison to the older group. They also explained various factors contributing to their mental problems. All the participants were given counseling for a period of one month and after that their stress scores were retaken. The result found significant improvement in their mental health.**

Index Terms - **Anxiety, Depression, Stress, Mindfulness, Resilience, Abuse, Mental problems, Mental health.**

INTRODUCTION & REVIEW OF LITERATURE

Studies indicate that Women are disproportionately affected by psychological stress as a social group. It may be due to the various social factors which put greater pressures on them during their lifespan. Traditionally they are trained for the role of homemaker, wife and mother. They are taught to internalize their mental agonies. There are number of demands put on them during various stages of their lives in terms of education, employment, marriage pregnancies and childbirth. Very often they are dependent, malnourished, uneducated, overworked and socially deprived. There are major reasons such as violence, multiple roles and poverty put the women in a subordinate position in the society and it negatively affects their mental health.

During COVID-19 pandemic when the entire world went on lockdown, women were the most vulnerable group. People remained at home. There were no social and family gatherings, no cultural activities and there were severe economic downfalls which lead to financial crisis. The lockdown was put to stop the spread of Corana virus. It made the life more difficult and challenging. During this situation, it was found that the rural women felt loss of control over certain matters. It included housing problems, lack of privacy and lack of leisure time, inability to earn. A decline sense of control over the family matter, emotional isolation due to excessive and increase hour of household chores, and physical dependency. There were more domestic violence and alcoholic behaviour, death of near and dear one, uncertainly of future and physical and mental abuses by husband. All these factors contributed to severe mental stress in case of rural women.

METHOD

Fifty women from the age group of 20-35 years and fifty women from the age group of 36-50 years were taken as participants. They were administrated Kessler distress scale (K-10). The scale was administrated following COVID-19 guidelines through interview technique by using mobile phone and telephone. Questions were asked and answers were noted down. The mean scores and SD scores of each group were found out. On the basis of the mean and SD value 't'

test was conducted. The participants were given one month counseling on telephone. After one month the test was readministered. The precounselling and post counseling results were compared.

Results

Table I – Mean and SD of the Participants

Age	N	Mean	SD	't' value
20-35 years	50	36	4.8	3.15
36-50 years	50	32	5.6	

Table II Mean and SD Value after one month counseling

Age	N	Mean	SD	't' value
20-35 years	50	28	5.4	2.78
36-50 years	50	26	6.05	

From the result table it was found that the mean score of women participants who belong to the age group of 20-35 years was 36 and the mean score of participants

belong to the age group of 36 to 50 years was 32. The SD value was 4.8 and 5.6 respectively. The 't' value was 3.15 which exceeds the critical value of 1.65 and 2.33 at 0.05 and 0.01 level respectively. After the month of telephonic counseling the mean anxiety score of the participants belong to the age group of 20 to 35 years was 28 and the mean anxiety score of participants belong to the age group of 36-50 years was 26. The SD was 5.4 and 6.05 respectively. The 't' value is 2.78.

Table III X2 measure showing the relationship with husband

Age group	Good	Fair	Poor	Neutral	X^2
20-35 years	13	8	23	6	13.84 **
36-50 years	15	12	20	3	8.08 *

* P < 0.5

* * P < 0.01

Table IV-X2 measure showing the sleep disturbances

Age group	Insomnia	Afraid to go to sleep	Disturbed sleep	Nightmares	X^2
20-35 years	11	4	27	8	24.4 **
36-50 years	17	3	24	6	23.44 **

RESULTS

From the study it was found that, in the age group of 20-35 years, most of the women were anxious. Where as in the age group of 36 to 50 years most of the women expressed symptoms of hopelessness, worthlessness compulsions and guilty feelings.

The results also explained that during the COVID-19 pandemic lockdown all the family members remained at home and there were less privacy. As a result maximum number of participant's complaint of poor relationships with the husband. Whereas in the nuclear families women participates revealed good relationships with husband.

The result also explained that most of the participants in both the age groups experienced disturbed sleep. They also complaint of insomnia, nightmares and afraid to go to sleep.

Besides these the participants in the age group of 20-35 years were more anxious than their counterparts.

In the age group of 36 to 50 years most of the women were expressing the symptoms of helplessness, worthlessness and compulsions.

It was found that poverty played an important role in creating anxiety and depression. They felt that they were nervous and nothing could calm them. Most of the women felt restless and could not feel relaxed. It was also seen that majority of women from the age group of 36 to 50 years felt depressed. They narrated that it was due to social isolation, loss of contacts with the relatives, they were unable to visit temples and other family members, friends as well as near and dear. Due to pandemic lockdown the women belong to the category of 45 to 50 years experienced loneliness and a decline sense of control over the environment.

In the rural areas, most of them were not accustomed to new technologies and it was difficult for them to be virtually connected with their near and dear. The elderly women who were staying alone without their children, felt deserted, stressed and ultimately experienced psychological tensions, frustrations and inferiority and submissive.

The rural women participants who belong to the age group of 20 to 35 years felt inferior due to housing problems, physical weakness, overwork and inability to learn for themselves as well as for their families.

There was overcrowding, overwork at home, leak of privacy poor economic conditions and malnourishment. They felt guilty for not giving all sorts of materialistic comforts to their children due to financial crisis. They also exhibited resentment due to financial hardship and social isolation. Besides all these factors the alcohic habits as well physical and mental abuses by husbands, debts, death of near and dear ones due to pandemic and uncertainty of future due to lockdown put them under severe stress and ultimately led to excessive anxiety feelings.

Due to lack of space and more crowding, women complaint of lack of privacy in their conjugal life, less interactions with the husband and children due to more household works. It implied loss of control over their spouse and off springs.

Most of the participants in the age group of 20 to 35 years expressed greater anxiety in performing household works. They faced troubles with laws, there was lack of recreation and there were changes in the working hours and personal habits.

Most of the respondents generally revealed that they did not have leisure time since all the members were present at home and they had to look after the family chores.

INTERVENTION PROGRAMMES

The participants were given telephonic counseling with prior appointments. After one month of counseling all the participants were read ministered the Kessler psychological Distress scale (K10) and the results were analyzed. They were trained about mindfulness, resilience and various techniques of cognitive behavior therapy. Finally it was found that though there were significant differences related to level of stress in both the age group but the intensity declined significantly.

CONCLUSIONS

Though the society has witnessed lots of changes related to technology and lifestyle but in today also there are some areas in own country which need special attention to come to the mainstream. In this context rural women are still vulnerable and deprived of various essential facilities. During COVID-19 pandemic, their physical as well as mental health has been affected to a greater extent. Therefore their physical and mental health issues must be addressed very sensibility and effectively.

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