

## **Trauma of Widowhood: A Qualitative and Thematic study on The Hindu Widows of 3 Districts of Odisha**

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**Abstract:** The health and well-being of widows in India is an important but neglected issue of public health and women's rights. According to the 2001 Census, widows represent 9% of the female population (over 34 million women), yet researchers and policy makers have paid scant attention to this group. This may partly be due to the overemphasis of the 'instrumental' (as opposed to intrinsic) value of women in society, the religious symbolism of widowhood in India, and the view that widows are a private matter rather than a social problem. There is a need for a better understanding of widows beyond the sensational cases such as sati (widow burning), to include the more subtle, yet widespread deprivations. This paper presents findings from a qualitative study undertaken in the Hindu community in the State of Odisha, specifically in Puri, Khurdha and Cuttack District in order to contribute to a more comprehensive understanding of the vulnerability of widows. The aims of this study were two-fold. First, to examine the lives of women as they become widows, focusing on the causes of their husband's mortality and the ensuing consequences of these causes on their own lives. Second, to identify the opportunities and challenges that widows face in living healthy and fulfilling lives. Based on the study findings, we develop a conceptual framework that could be used to guide future research on widows of Odisha in particular and India in general. (and in other countries with similar levels of discrimination) and to help guide interventions to improve the health and well-being of widows.

**Keywords:** Widowhood, Discrimination, Inclusion, Rehabilitation, Inequality.

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### **I. INTRODUCTION**

The health and well-being of widows in India is an important but neglected issue of public health and women's rights. According to the 2001 Census, widows represent 9% of the female population (over 34 million women), yet researchers and policy makers have paid scant attention to this group. This may partly be due to the overemphasis of the 'instrumental' (as opposed to intrinsic) value of women in society, the religious symbolism of widowhood in India, and the view that widows are a private matter rather than a social problem. There is a need for a better understanding of widows beyond the sensational cases such as *sati* (widow burning), to include the more subtle, yet widespread deprivations.

Widows have been identified as a vulnerable group in India, but what does this vulnerability entail? Simply becoming a widow lowers a woman's social status, as she succumbs to a 'social death' when her husband dies – she may even be viewed as inauspicious, especially if she is too young or lost her husband soon after marriage. Widows also face challenges stemming from both a set of social restrictions that have been placed on them and a lack of social protection. These issues have been well documented and include the following: social isolation due to their obligation to remain in their husband's village, restrictions in employment opportunities, legal difficulties in defending their rights over husband's property, inadequate support from their husband's family, and limited economic support in the absence of an adult son. Relatively less is known about the circumstances and implications of the death of a woman's husband, as well as the health and welfare outcomes of widows. There is some evidence stemming from econometric and demographic studies undertaken during the 1990s suggesting that widows face an increased mortality and higher levels of impoverishment. Ethnographic studies have further demonstrated high levels of impoverishment and social suffering faced by widows

This paper presents findings from a qualitative study undertaken in the Hindu community in the State of Odisha, specifically in Puri, Khudha and Cuttack Districts in order to contribute to a more comprehensive understanding of the vulnerability of widows. The aims of this study were two-fold. First, to examine the lives of women *as they become widows*, focusing on the causes of their husband's mortality and the ensuing consequences of these causes on their own lives. Second, to identify the opportunities and challenges that

widows face in living healthy and fulfilling lives. Based on the study findings, we develop a conceptual framework that could be used to guide future research on widows in India (and in other countries with similar levels of discrimination) and to help guide interventions to improve the health and well-being of widows.

### **Widows in the 3 districts of Odisha**

There is a slightly higher proportion of widows in Odisha (10%) compared to the Indian average. This may be attributed to Odisha's demographic profile (i.e. higher female life expectancy), a greater age differential at marriage, and low remarriage rates among widows. The studies on the welfare of widows have focused on widowhood in northern India, where they face greater levels of discrimination compared to their southern counterparts in general and Odisha in particular. Women in Odisha are known for their elevated status. The gender bias in sex ratios found in India is also not absent in Odisha (the female to male ratio is 1,058 and 933 per 1,000 for Kerala and India respectively). While life expectancy for Indian women and men is almost identical (61 years for women and 60 years for men), Odisha reports female advantage (76 years for women and 70 years for men) and the highest female life expectancy in the country.

The gender gap in literacy rates is relatively narrow (88% for women and 94% for men in 2011), fertility rates are low (below replacement levels). It has been argued, however, that these indicators only tell part of the story; patriarchal norms continue to reign over the lives of women, manifesting in various forms, including domestic violence. It is also reported that Kerala has the worst record among the Indian states for economic dependency among the elderly; 76% of its elderly women reporting no financial asset in their name. While, there is a history of progressive public policies in this state, including public support for vulnerable groups, such as widows, economic opportunities for women are few raising specific concerns for their maintaining a good standard of living—particularly if the husband has passed away prematurely. In this case, a woman may be left with young children and no source of livelihood. Whereas in the case of a husband's death after leading a full life and having grown up children who are shouldering family responsibilities, the impact on a woman's life would likely be much less, particularly if an adequate social security system is in place. This paper presents findings from a qualitative study undertaken in the Hindu community in the State of Odisha, specifically in Puri, Khudha and Cuttack Districts. in order to contribute to a more comprehensive understanding of the vulnerability of widows. The aims of this study were two-fold. First, to examine the lives of women *as they become widows*, focusing on the causes of their husband's mortality and the ensuing consequences of these causes on their own lives. Second, to identify the opportunities and challenges that widows face in living healthy and fulfilling lives. Based on the study findings, we develop a conceptual framework that could be used to guide future research on widows in India (and in other countries with similar levels of discrimination) and to help guide interventions to improve the health and well-being of widows.

### **Study setting**

One of the main goals of the project was to develop an evidence base that will contribute to the reduction of inequalities in health care and other basic services. The project has several databases, including a baseline survey done on the Hindu widows at Puri, Khordha and Cuttack districts during the time of the Holy month that is KARTIKA MASHA. Moreover, the census report conducted in 2011 and other secondary sources information on demographics and socio-economic conditions of the population has also been considered.

The interview consisted of open-ended questions, which was designed in to suit the purpose of the study. We included a limited number of simple questions in order to ease translation and that were to help prompt more in-depth discussions by encouraging the participants to share their experiences and stories. The guide was pre-tested and revised to ensure that the questions were clear and appropriate. Questions were asked regarding the circumstances of becoming widows, survival strategies used following the death of a husband, health and well-being, and the nature and level of support received from their families, the government, and the community which although it is a relatively small sample, represented 13% of the widows living in the study site. There were 400 respondents identified for interview.

### **Analysis**

In response to the first study question (becoming a widow), three themes emerged: debt, shame, and survival. In addition, we identified two distinct 'profiles of widows', based on the cause of death of their husband. Three themes emerged in response to the second study question (opportunities and challenges to leading healthy and fulfilling lives), economic security, social mobility and social exclusion, and access to health care. The results are organized under these themes, with illustrative examples.

### **Becoming widows: debt, shame, and survival**

During the initial period of widowhood, women faced issues related to debt, shame, and survival. Following a mourning period (which varies across castes and religious groups), the women expressed a sense of hopelessness, related both to the experience and emotional stress of losing their husbands and the challenges in meeting the basic needs of their households. Nine of the widows interviewed had lost their husband at a time when their children were still young. None of them reported receiving substantial support from their in-laws, although the women did speak of receiving at least some support from the community. The women remained in their own households after becoming widows, with the exception of two who had returned to live with their parents. They became the primary breadwinners of the family, assuming responsibilities of household decision-making. This early period was highly stressful in their lives.

*“Following my husband’s death, all my children were below 12 years, and I had decided to jump in the river and commit suicide. I had attempted suicide in this way three times.”*

The widows reported having to cope with the specific circumstances surrounding the deaths of their husbands, both prior to and immediately after their husband’s death. Two main profiles emerged, women who lost their husband due to a chronic illness and women whose husbands had alcohol-related problems and ‘drank themselves to death’. These profiles are described in further detail below.

### **Widow profile 1: The chronically ill husband (debt)**

Seven widows reported that their husbands had died from a chronic illness, who had been ill for a lengthy period of time before passing away. During this time, the men were often bedridden and had to be hospitalized, at least periodically creating economic and emotional burdens. The women continued to care for young children, met household needs, while struggling to repay debts incurred by the medical costs of their husband’s illness. The case of Radhika, a Hindu widow, married at the age of 14 and had four children prior to her husband’s illness, is illustrative:

*“For ten years, my husband had been bed ridden. We spent a lot of money for his health care. During that time I was getting only 20 rupees as a kuli worker [wage labourers working in agricultural sector]. I had to meet all the household expenses. I could send the children to school only up to 4<sup>th</sup> standard.”*

In cases where there were insufficient funds, care would be delayed or stopped altogether. This was the case for Sukanti, as she recalled:

*“My husband died six years ago, the cause was not known. He returned home one day complaining of a problem with his head, shortly thereafter he lost his ability to speak. He was taken to Kalipa College. After one month he was shifted back to his home in Puri with some medication. He was able to get back some of his ability to speak. The family became unable to pay for the medicine, and it was discontinued. Previously the community had rallied around the family to help pay for the medical fees. He was in this state for two years before he passed away.”*

After becoming widows, the women assumed multiple roles within the household: breadwinner, decision-maker, child raiser, homemaker, and caregivers. Children of widows also had to make sacrifices, helping to take over responsibilities often at the expense of their schooling. And there were still debts to pay: Radhika, for example, continued to pay off debts related to her husband’s medical care for another couple of years and her children (who as she described above only attended school up to 4<sup>th</sup> standard) were never able to return to school.

### **Widow profile 2: Husbands who drank themselves to death (shame)**

The second profile that emerged was one of women married to men with alcohol-related problems. Alcohol is consumed predominantly by men and it is generally frowned upon by society – although it is readily available. Getanjali, Kamala and Sunita of Cuttack district (widowed at 27, 21 and 31 years of age respectively) reported that their husbands had been alcoholics. The use of excessive alcohol was intertwined with shame. This shame was partly felt by the men themselves (in rural Odisha, public drunkenness is viewed negatively by society), as Getanjali, a young Hindu woman, recalled:

*“The people were telling me that my husband after having consumed too much alcohol had fallen face down in the vegetable garden. Our neighbour had witnessed the incident and had threatened to report him to the police. It is said that his shame led him to kill himself.”*

Feelings of shame, however, extended to the families in general and the wives in particular. In Getanjali’s case, she was blamed by her husband’s family and the community for her husband’s drinking—she was even blamed for his suicide and was often taunted and ridiculed by others. For Kamala and Sunita their shame was exacerbated by their husband’s abandonment since social shame is associated with abandoned women in India. Their husbands did not assume any financial responsibility for their families and did not maintain any communication with their wives. Kamala was abandoned by her husband only to learn from a friend that he had died:

"My husband was a drunk, who did not look after me. He left me when I was pregnant, and I was 20 years old. I did not know where he had gone. I was told by someone that he had gone for work outside and had been bitten by a snake and died." "

Kamala was abandoned by her husband when she had three young children; "one day he left me to go back". Kamala spoke more passionately and at greater length about her daughter, Sunita who is also a widow and had begun her marriage with great love and happiness:

"Her husband passed away almost two years ago. Like me, her husband was a drunk. They had a love marriage... Soon after he began keeping bad company and started drinking. He ended up selling the shop and he and Beena moved around Wayanad for work, living in rented houses. He was drinking excessively and was making lots of problems in the home. He was drinking daily and was on occasion beating my daughter and myself. He was good for nothing. The neighbors confronted him and told him to improve his behavior or leave. He was later hospitalized... where he died of jaundice. She [Sunita] received a telegram three days later informing her of her husband's death... Today Sunita is not emotionally well she is depressed... she has no friends and only leaves the house to the anganwadi [the preschool where Sunita works] and then returns home."

### **Survival**

In both of the profiles of widows, the women spoke about particular hardships during the early periods of their widowhood, having to cope with financial and household matters that had previously been the responsibility of their husband with little to no help. Pata's statement is representative of most of the women interviewed:

"I had met with a lot of difficulties at the death of my husband, especially financial difficulties. There was nobody here to help us." "

The women did feel that they could rely—at least to some extent—on some community support. As Rebati a Hindu widow of Khordha district put it:

"The community has always helped whenever there is a problem. There is a mutual understanding among my neighbors to solve problems." "

However, community support was generally neither sufficient nor sustainable. Priyambada a widow of Puri district recalled:

"I did not receive any support from my husband's family, but the community helped me in the beginning, although this support has been slowly withdrawn." "

Therefore; women were faced to take on their families' survival on their own. A certain level of fear and uncertainty were initially felt. Over time, however, these women assumed their roles in the household with greater confidence and as Priyambada remarked: "*I feel that my power in the household has been increasing over time*". Most women expressed that household decision-making became important to do *with* their children, especially as the children got older. Latika, a Hindu widow of brahmin caste, stated unequivocally that "*all of my decisions are made in consultation with my children*." As their children became older and were able to take over some financial responsibilities the women also found life got easier. For Priyambada, her life got easier when her son married and took on financial responsibilities as she belonged to Karan caste lower than the Brahmin caste:

"I consumed little food at that time, [the early period following the death of Priyambada's husband] but after my son's marriage, my daughter-in-law cooks for me. When my son became old enough he got a job as an auto rickshaw driver, and has been supporting me ever since." "

Among the widows whose husbands abused alcohol, although there may have been some psychological relief with their husband's passing (particularly those who have been abandoned); they reported persistent suffering with "emotional pain" due to the great shame associated with their husbands' death.

### **Widowhood: challenges and opportunities for living healthy and fulfilling lives**

#### ***Economic security***

Economic security emerged as the key challenge. After losing their husbands, the women claimed that they had no desire to remarry. Only one woman remarried (and was subsequently widowed for a second time), she reported that her second marriage was problematic. The universal reason given for not remarrying was for the sake of their children, in Priyambada's words: "I did not wish to remarry because my children are precious to me". All the women in the sample had children; the age of widowhood ranged between 21 and 63 years of age with most women widowed during their late 20s or 30s. Radhika for example, had 5 children by the time she was widowed at the age of 27 years. Without remarrying, the widows had to secure their economic well-being in other ways.

Three women had adult children – sons and daughters – who supported them; one of these women, Bandana a Hindu widow of the Brahmin caste widowed at the age of 63, of Cuttack district was also receiving

her husband's retirement pension. Bandana, despite having some health problems, reported the least problems among the participants:

Six women work in low paying jobs as agricultural labourers (generally known as *kuli* workers who engage in wage labor), domestic workers, and child care providers. At the time of her husband's death, Geetanjali, was not able to meet the needs of her and her three children as an *anganvadi* assistance.

"I received an honorarium of Rs. 500 per month, which was not sufficient to support my family. I took on additional work. I would work at the *anganvadi* from 9:30 to 3:00, and in the evenings I would clean houses. On Saturdays and Sundays I would work as a *kuli* worker making 10–12 rupees per day says, Getanjali."

Today, Getanjali's life is easier because her children have grown up and are supporting her including her eldest daughter Beena. Leela had previously travelled to another district, finding work as a domestic help. She has since returned to live with her parents and is a *kuli* worker. We were also informed of the two women who had left the *panchayat* after becoming widows that one had gone to work in a nearby district and the other had joined a convent.

One opportunity for economic security was to participate in a self help group, a form of microcredit program. Three of the respondents took loans from self help groups. These women talked about how these loans have helped them. In one case, Geetanjali had previously gone for wage work, but she was often taunted by men for travelling outside the house. After joining a *SHG* group (a self help group supported by the local government) she was able to purchase two milch cows with a loan:

"I have been a member of *SHG* for two years. I took a loan and bought a milch cow. I also have a second cow, both of which recently had calves. From the two cows I am able to extract 10 litres of milk a day. For each litre of milk I will receive about Rs. 10 selling to the Milk Society. I am happy with this, I am now self-sufficient."

Getanjali, further explained that her new job enables her to stay at home to care for her children. Jamila and Lata took loans to purchase chickens, which were used to supplement other sources of income. Other respondents, however, did not reap similar benefits from self help groups. Usha, for example, reported having to withdraw from a self help group due to time constraints:

"Two years back I joined a self help group. I enjoyed being a member but I had to withdraw because of lack of time. I was working morning till evening six days a week. On Sundays I would clean and take care of my own home. I was also unable to participate in any of the activities outside of the meetings."

### ***Social mobility and social isolation***

The second key challenge was related to social mobility and social isolation. Among the younger respondents, they voiced their difficulty with new restrictions in their social mobility. This included attending certain religious and social activities, but also seeking health care, as illustrated by Radhika:

"I am not allowed to go free and travel free. It is better to have a husband just for name sake at least. In this way others will not comment on me. The people are not allowing me to wear a decent dress in the absence of a husband. When my husband was alive I was taken care of very well and if I was ill, he took me for treatment at the hospitals.... Now I am not able to attend festivals and such activities because of the way people talk."

For Priyambada, who did not take a loan (because she was not in need of a loan), it was also the social dimensions of the *SHG* that she felt was important for her. Lalika has also continued as a member of a self help group because of the social aspects of the group, having no interest in taking a loan (because she was worried that she would not be able to repay the loan). Social networking and social support was cited by other women who had taken loans as an additional benefit to their membership.

### ***Access to health care***

The third key challenge voiced by the participants was related to health. The respondents talked about a range of health problems, the most common being respiratory problems, joint and body pain, and mobility difficulties. Despite facing health problems, most respondents revealed that they had difficulties meeting health care costs for themselves or for a family member. This is illustrated by Lalita's story:

"I have some problems in my back and shoulders, bone disintegration, causing a great deal of pain. I think this is caused by pulling water from the well at the *anganvadi*. I visit the public hospital. The doctor told me that if I pay Rs. 2000 I could have a ring put in my back to help ease the pain. I cannot find the money for this. I also have uterus pain. At times I cannot urinate, I will then go for treatment from the doctor who will prescribe medicine. I will take this medicine until the urine comes back. After this, the pain and urinal dysfunctions will come back. The doctor has suggested she remove her uterus, for which I have not even questioned the cost."

Martha Chen, who has conducted pioneering research on widows in India, recalled her experience in Kerala where she was told by a well-known Communist leader that: "There is no such thing as widowhood". The women in this study were not exposed to some of the more extreme forms of suffering and discrimination experienced in other regions of India, but their experiences illustrate their vulnerability to poverty, social exclusion, and ill health. In the following section, we develop a conceptual framework by synthesizing our findings with theoretical understandings of vulnerability and Amartya Sen's entitlements approach. We also draw on findings from research undertaken in other parts of India to promote a wider applicability of the framework.

## II. CONCLUSION

Based on our findings in this study, we argue that becoming a widow appears to operate similarly to other 'economic shocks' or 'health shocks' in poor countries. In the case of a health shock, such as death of a working age household member or a chronic illness requiring long term care, households can face a double financial burden due to the loss of income of a breadwinner and the burden of health care expenses. What is particular about widowhood is that financial burdens tend to fall entirely upon women. This is especially challenging in a society, such as India, where the employment opportunities for women are limited (and wage differentials are high; women are often paid half the wages of men) due to both the dynamics of the labour market and social norms. Health care expenses have been observed to be a major factor in the downward mobility of households. Costs may operate as a barrier to accessing the necessary care, a situation found among some of the husbands who could not access appropriate care. Women who were married to men who abused alcohol faced economic hardships as their husbands' diverted income from household needs to alcohol consumption. Even among those women with a husband, who abuses alcohol creates a situation in which they are essentially living as widows. Quality of life is very imperative for elderly who are widowed, divorced and separated to enhance their wellbeing. Inclusion and rehabilitation are major concern which should be rendered to promote the standard of life of Widows.

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