

LONELINESS, DEPRESSION AND LIFE SATISFACTION AMONG INSTITUTIONALISED SINGLE MOTHERS

ABSTRACT

Single Mothers represent a vulnerable position at high risk for depression. The study examines the demographic characteristics, mental health, and life satisfaction of institutionalized single mothers in Karnataka State. Through detailed analyses, it was found that the majority had been single for 1-2 years, engaged in traditional marriages, and faced moderate levels of loneliness. Depression, anxiety, and stress levels were also prevalent, indicating significant mental health challenges. Notably, institutionalized single mothers expressed dissatisfaction in varying degrees, emphasizing the complexity of their emotional experiences. The findings underscore the need for targeted interventions and support systems addressing both demographic and mental health aspects to enhance the overall well-being and life satisfaction of this specific demographic group. This study sheds light on the multifaceted challenges faced by institutionalized single mothers, contributing to the broader discourse on the intersection of relationship status, mental health, and life satisfaction in the context of Karnataka State. A convenience sample comprising 104 institutional single mothers, aged 15 to 39, was selected from rehabilitation in Swadhargreah, One-stop centers, and Santhwana centers in Karnataka State. A descriptive, cross-sectional design was utilized in the present study. Participants provided responses to an open-ended question measuring levels of loneliness, depression, and life satisfaction among institutionalized single mothers. Percentages, frequencies, and statistical analysis were employed to describe the study's results.

Key Words: Loneliness, Depression, Life Satisfaction, Institutionalized Single Mothers

1. Introduction

Loneliness and isolation are common emotions experienced at different life stages, with adolescence being a particularly intense period for these feelings. Research indicates that teenage girls tend to experience loneliness more profoundly than their male counterparts. The term "loneliness" encompasses diverse aspects of the human experience, and its definitions are as abundant as the

individuals trying to articulate them (Kotwal & Prabhakar, 2009). Revealed in their study single mothers expressed feelings of loneliness, helplessness, hopelessness, a lack of identity, and diminished confidence. Socially, many avoided gatherings and altered their dressing styles due to depression, leading to poor food habits. Maintaining discipline in the absence of male figures was challenging, and these mothers struggled with loneliness, trauma, and depression while finding it tough to manage childcare responsibilities and establish routines for their children. Given the well-established connections between mental health issues and family structure, poverty, and reliance on welfare, it is expected that women facing significant economic and social disadvantages would exhibit higher rates of psychiatric illness (Jayakody & Stauffer, 2000).

Depression is defined as both a mood disorder and a syndrome of symptoms (Atkins, 2010). Research findings consistently suggest that single mothers may face a higher risk of depression compared to married mothers (Cairney, Boyle, Offord, & Racine, 2003). Numerous studies conducted globally have explored the mental health outcomes of single mothers, and common difficulties such as lack of social support, financial strain, parenting stress, stigma and social judgment, multiple roles demand etc. This condition negatively impacts physical health, quality of life, and psycho-social functioning, it may lead to disability and death. (Boörsbo, Peolsson, & Gerdle, 2009).

It is evident that there is a need for more research on the mental health and well-being of single mothers, particularly focusing on loneliness, depression, and life satisfaction. It is important to note that the severity and duration of these symptoms which are characterized by sadness, loss of interest, feeling of guilt, low self-esteem, and disturbed sleep are key factors in diagnosing depression. To meet the criteria for a depressive disorder, these symptoms should significantly interfere with daily functioning and persist for an extended period. Depressive disorders can take various forms, such as major depressive disorder (MDD), persistent depressive disorder (dysthymia), bipolar disorder (depressive phase), or seasonal affective disorder, among others. Additionally, depression is a complex condition with various contributing factors, including genetic, biological, environmental, and psychological factors. Limited research has explored parenting stress among economically disadvantaged mothers, both employed and non-employed. If poor working mothers experience lower depressive affect, it could alleviate parenting stresses. On the flip side, employment may lead to heightened parenting stress due to the challenges of balancing work and family, potentially resulting in reduced family time. (Stegelin & Frankel, 1993).

Depression has a greater impact on women, with nearly double the likelihood compared to men. Global estimates indicate that 9.5% of women, as opposed to 5.8% of men, will experience a depressive episode in a given year (American Psychological Association 2009). (Association, 2009) Research studies demonstrate a significant prevalence of depression in single mothers, as indicated by the following findings.

Single Mothers who were employed reported fewer symptoms of depression and stress compared to mothers who were not employed, in other words financial difficulties were linked to depressive feelings among mothers without employment, but this association was not observed among employed mothers. (Phyllis Gyamfi, Brooks-Gunn, & Aurora P, 2001). Mothers experiencing depression exhibit poorer health and are less inclined to adopt healthy behaviors (Roshanaei-Moghaddam, Katon, & Russo, 2009). Maternal depression can lead to adverse developmental, mental, and physical health outcomes in children, as it directly influences the well-being, behaviors, and parenting approaches of the affected mothers (Brown, Clark, Dahne, Stratton, & Macpherson, 2015). Following divorce or widowhood, single mothers often experience a sense of displacement and identity loss, particularly if their sense of self was closely tied to their husbands. Many women grapple with overwhelming feelings of guilt, shame, resentment, anger, and anxiety about the future, leading to notable personality changes (Kotwal & Prabhakar, 2009).

2. Review of literature

The study suggests that individuals on welfare face elevated rates of mental health issues. Women receiving welfare are particularly susceptible to mental illness due to the established connections between poverty and mental health, family structure and mental health, and welfare receipt and mental health. Examining the context of recipients' lives and exploring the correlation between mental health problems and various demographic factors helps emphasize the importance of considering mental health issues and underscores that recipients are not inherently responsible for these problems, poverty, or their reliance on welfare (Jayakody & Stauffer, 2000). The increased prevalence of psychiatric distress among welfare recipients can be attributed to the challenging life events, constrained social and economic resources, and various demographic disadvantages associated with single parenthood, poverty, and reliance on welfare.

Previous research has shown that single mothers experience a greater occurrence of major depression (Dave, 2000). (Sarah, Spillman, Lorenz, & Wickramma, 2006) conducted a study titled "Divorce Leads to Poor Psychological and Physical Health in Women" in Iowa, involving 416 rural mothers.

The findings indicated that divorced women exhibit a greater vulnerability to chronic illness, particularly over an extended duration, in comparison to married women. In a study titled "The Effect of Widowhood on Physical and Mental Health, Health Behavior, and Health Outcome," conducted by (Willicox, 2003), it was discovered that recently widowed women exhibited significantly elevated rates of depressed mood, poorer social functioning, and lower mental health and physical functioning compared to women who had been widowed for more than a year (Chen, 1998). Discovered that widows undergo traumatic grief after the death of their spouse (Jayakody & Stauffer, 2000). Observed that single mothers face a deficiency in self-confidence. In social settings, the majority of single mothers attempted to steer clear of social gatherings and altered their clothing choices due to the influence of depression so majority of single mothers encountered challenges on economic, emotional, and social fronts. (Kotwal & Prabhakar, 2009). An expanding body of research indicates that there is compelling evidence indicating that single mothers face a higher risk of psychological problems and ineffective parenting compared to their married counterparts (Simons, Beaman, Conger, & Chao, 1993).

3. Methodology and Data Collection

The research design serves as the foundational framework for this descriptive study, focusing on the examination of Loneliness, Depression, and Life Satisfaction among institutionalized single mothers in Karnataka State. The study targets single mothers undergoing rehabilitation in Swadhargreah, One-stop centers, and Santhwana centers in Karnataka, aged between 15 to 39 years, with children below the age of 18.

In determining the sample size, a systematic table-based approach was employed, resulting in a meticulously chosen sample size of 104. This figure was then distributed across eight districts using proportional allocation based on the study population within Karnataka's four administrative divisions through cross multiplication. Rigorous adherence to a probability sampling method ensured the random selection of all study participants.

The array of data collection tools encompasses crucial independent variables such as age, education, income, occupation, family size, homeownership, duration of single motherhood, age at marriage, age at pregnancy, and total number of children. For the assessment of Loneliness, Depression, and Life Satisfaction among institutionalized single mothers, the study incorporates the Depression Anxiety and Tension/Stress Scale (DASS), a comprehensive 42-item self-report instrument designed to measure negative emotional states encompassing depression, anxiety, and stress. Furthermore, the

study incorporates the UCLA Loneliness Scale, a 20-item instrument meticulously crafted to measure subjective experiences of loneliness and social isolation. To gauge satisfaction in life among single mothers, the Satisfaction with Life Scale (SWLS) is integrated, a concise 5-item tool developed by Diener, Emmons, Larsen, and Griffin in 1985, precisely designed to assess global cognitive judgments related to one's life satisfaction.

4. Result

Table 1. Frequency distribution of selected demographic variables

Profile	Frequency	(%)	Years of being single		
Age (years)			1-2	67	64.4%
15-19	20	19.2%	3-5	32	30.8%
20-29	48	46.2%	More than 5 years	5	4.8%
30-39	36	34.6%	Type of Marriage		
Income			Love marriage/Self Arranged	38	36.5%
No -Income	17	16.3%	Traditional / Family arranged	66	63.5%
3000 to 5000	53	51.0%	Marital Status		
5001 to 10000	13	12.5%	Below 18 years	46	44.2%
10001 to 15000	21	20.2%	19 to 20 years	35	33.7%
Education			21 to 26 years	23	22.1%
Illiterate	17	16.3%	Age at pregnancy		
Primary	29	27.9%	Below 18 years	12	11.5%
Secondary	32	30.8%	19 to 20 Years	45	43.3%
Graduation/Post Graduation	26	25.0%	21 to 22 Years	22	21.2%
Occupation			Reasons for single mother		
Unemployed	29	27.9%	Divorced	29	27.9%
House wife	26	25.0%	Widowed	15	14.4%
Private factory employees	29	27.9%	Unwed Mother	7	6.7%
Other working	20	19.2%	Separated	53	51.0%

Source: Survey Data

The above-provided data in Table 1. presents a comprehensive overview of single mothers's demographic variables, shedding light on the characteristics of a group of individuals. In terms of "Years of being single," the majority (64.4%) have been in this status for 1-2 years, with a significant portion (30.8%) reporting 3-5 years. Only a small percentage (4.8%) have been single for more than 5 years. Moving to the "Type of Marriage," the data indicates a balance, with 36.5% having opted for love marriage or self-arrangement, while a larger majority (63.5%) have experienced traditional or family-arranged marriages. Examining "Marital Status," a notable proportion (44.2%) falls into the category of being below 18 years, while 33.7% and 22.1% are in the 19-20 years and 21-26 years age groups, respectively.

When considering "Income," the majority of individuals (51.0%) fall within the income range of 3000 to 5000, with 16.3% reporting no income. In terms of "Education," the distribution is diverse, with 30.8% having completed secondary education, 27.9% being illiterate, and 25.0% having pursued graduation or post-graduation. The "Occupation" data highlights that 27.9% are unemployed, 25.0% are housewives, 27.9% work in private factories, and 19.2% have other occupations. Further, exploring the "Reasons for single motherhood," the data indicates that an equal percentage (27.9%) of individuals are single mothers due to divorce, while 14.4% are widowed, 6.7% are unwed mothers, and 51.0% are separated. Overall, this detailed frequency distribution provides insights into the diverse demographic characteristics of the studied population, offering valuable information for further analysis and understanding loneliness, depression, anxiety, and stress.

Table: 2 Frequency distribution of measuring loneliness for institutionalized single mothers

Measuring loneliness	N	Mean	Std. Deviation	Median	T, test value	P, value	Significance
	104	25.85	9.86	24.00	18.649	0.000	HS

Table 2a Measuring Level of Loneliness with Institutionalized Single Mothers

Level of Loneliness	count	Percent
Do not feel Lonely	0	0%
Mild	10	9.6%
Moderate	71	68.3%
Severe	15	14.4%
Very Severe	8	7.7%
Total	104	100%

Source: Survey Data

The provided data in the above table 2/2a focusses on measuring loneliness among institutionalized single mothers, presenting valuable insights into their emotional well-being. The mean loneliness score is 25.85, with a standard deviation of 9.86, indicating a moderate level of variation in loneliness scores among the 104 participants. The median loneliness score is 24.00, suggesting that the middle value in the distribution falls at this point. Further, the T-test value of 18.649 is associated with a p-value of 0.000, indicating statistical significance. The "HS" in the significance column indicated "highly significant." This suggests that there are notable differences in loneliness scores among institutionalized single mothers, and the T-test value further supports this finding.

Additionally, Examining the level of loneliness, the data categorizes participants into four groups. The majority of institutionalized single mothers report a moderate level of loneliness (68.3%), followed by those experiencing mild loneliness (9.6%). A notable proportion also reports severe loneliness (14.4%), while a smaller percentage indicates very severe loneliness (7.7%). The

cumulative percentages total 100%, confirming that all participants fall into one of these loneliness categories.

Overall, the data indicates that institutionalized single mothers experience varying degrees of loneliness, with a statistically significant difference in loneliness scores among them. Understanding the distribution of loneliness levels can be crucial for designing targeted interventions and support systems to address the emotional well-being of this specific demographic group.

Table 3: Frequency Distribution of Depression, Anxiety, and Stress with Institutionalized Single Mothers

Factors	N	Mean	Std. Deviation	Median	T, test value	P, Value	Significance
Depression	104	39.96	14.13	41.00	11.92	0.000	HS
Anxiety	104	41.16	14.35	41.00	9.7.67	0.000	HS
Stress	104	39.16	15.15	40.00	10.264	0.000	HS

Source: Survey Data

The presented data in the above table-3.provides a comprehensive overview of the mental health status of institutionalized single mothers, focusing on measures of depression, anxiety, and stress. The mean depression score is 39.96, with a standard deviation of 14.13, indicating a moderate level of variability in depression scores among the 104 participants. The median depression score is 41.00, suggesting that the middle value in the distribution falls at this point. The T-test value of 11.92 is associated with a p-value of 0.000, signifying high statistical significance (HS). This implies a substantial difference in depression scores among institutionalized single mothers.Similarly, the mean anxiety score is 41.16, with a standard deviation of 14.35 and a median score of 41.00. The T-test value of 9.767 is associated with a p-value of 0.000, indicating high statistical significance. This suggests a significant variation in anxiety scores among the participants.

Regarding stress, the mean score is 39.16, with a standard deviation of 15.15 and a median score of 40.00. The T-test value of 10.264 is associated with a p-value of 0.000, again signifying high statistical significance. This implies notable differences in stress scores among institutionalized single mothers.Collectively, the data reveals that institutionalized single mothers experience significant levels of depression, anxiety, and stress, as evidenced by the high statistical significance in the T-test results. These findings emphasize the need for mental health interventions and support services for

this specific demographic group. Addressing mental health concerns among institutionalized single mothers is crucial for improving their overall well-being and quality of life.

Table 4: Frequency distribution of measuring satisfaction with life among institutionalized single mothers

Measuring Satisfaction with life.	N	Mean	Std. Deviation	Median	Man, Whitney test Z value	P value	Significance
	104	15.52	5.30	15.50	5.705	0.000	HS

Table 4a Measuring level of satisfaction with life among institutionalized single mothers

Level of Satisfaction with life.	Count	Percent
Dissatisfied	52	50.0%
Moderately satisfied	47	45.2%
Satisfied	5	4.8%
Total	104	100%

Source: Survey Data

The provided data in the above table-4/4a, focuses on measuring the satisfaction with life among institutionalized single mothers, shedding light on their overall well-being. The mean satisfaction with life score is 15.52, with a standard deviation of 5.30 and a median score of 15.50. The Mann-Whitney test Z value is 5.705, and the associated p-value is 0.000, indicating high statistical significance (HS). This suggests substantial differences in satisfaction with life scores among the 104 participants. Further, exploration of the level of satisfaction with life reveals that 50.0% of institutionalized single mothers express dissatisfaction, while 45.2% report being moderately satisfied. A smaller percentage (4.8%) indicates a high level of satisfaction. The cumulative percentages sum up to 100%, confirming that all participants fall into one of these satisfaction categories.

In summary, the data highlights significant variations in satisfaction with life scores among institutionalized single mothers. The statistical significance suggests that there are distinct patterns in the perception of life satisfaction within this demographic group. The breakdown of satisfaction levels provides a nuanced understanding, showing that a substantial portion of these mothers experiences dissatisfaction. These findings emphasize the importance of addressing factors contributing to dissatisfaction and implementing targeted interventions to enhance the overall life satisfaction of institutionalized single mothers. Efforts in this direction can contribute significantly to improving their well-being and quality of life.

5. Structural Equation Model (SEM)

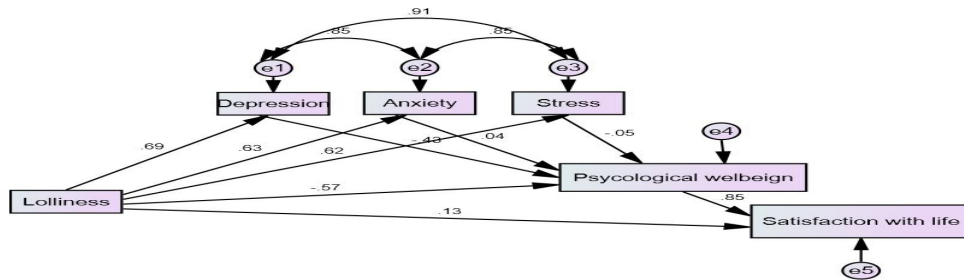


Fig 1. **Structural Equation Model (SEM)**

Regression Weights: (Group Number 1 - Default model)

	Estimate	S.E.	C.R.	P	Label
D <--- L	.791	.083	9.577	***	
A <--- L	.738	.089	8.256	***	
S <--- L	.766	.096	8.015	***	
PW <--- D	-.310	.098	-3.155	.002	
PW <--- A	.031	.071	.430	.667	
PW <--- S	-.033	.086	-.380	.704	
PW <--- L	-.475	.045	-10.620	***	
SL <--- L	.056	.058	.970	.332	
SL <--- PW	.452	.069	6.530	***	

The above table appears to be a structural equation model (SEM) depicting the relationships between various psychological constructs. Path coefficients result depicts that loneliness with depression (0.69) a strong positive relationship, it shows loneliness in life significantly increases depression. Variables between loneliness with anxiety (0.63) also significantly increase anxiety in life. Loneliness with stress (0.62) a strong positive effect of loneliness on stress level. The model also depicts about loneliness with satisfaction with life (0.13) a weak direct positive effect on life satisfaction which suggests that loneliness directly has less influence on life satisfaction compared to its indirect effects with other variables. Depression, anxiety, stress there is high correlations between these mental health

variables ($r=0.91$) indicating they often circumstance with institutionalized single mothers. Henceforth loneliness plays a significant role in predicting depression, anxiety and stress, subsequently influencing psychological wellbeing and life satisfaction with institutionalized single mothers.

6. Ethical Consideration

Ethical considerations are diligently observed in the research supported by the Indian Council of Social Science Research (ICSSR), ensuring the honesty, credibility, and preservation of the rights of all involved participants. Adhering to ethical principles is paramount to safeguarding the dignity and well-being of the research subjects. The researcher places a high priority on securing informed consent from participants, providing them with comprehensive details about the study's objectives, procedures, and potential risks. Stringent measures are in place to maintain confidentiality, safeguarding the privacy of participants, and handling any identifiable information with the utmost care. The research design and methodologies are crafted with cultural sensitivity, demonstrating respect for local norms and values. Transparent communication and ongoing engagement with participants, coupled with obtaining approval from relevant ethics review boards, are integral components of the research process.

7. Conclusion

The detailed analyses of various demographic and mental health variables among institutionalized single mothers offer valuable insights into their well-being. The examination of years of being single, type of marriage, marital status, income, education, and occupation illuminates the diverse circumstances these individuals face. A substantial proportion has been single for 1-2 years, engaged in traditional or family-arranged marriages, falls within the income range of 3000 to 5000, and possesses at least secondary education. Furthermore, a mix of unemployed individuals, housewives, and private factory employees make up the occupational distribution. On the mental health front, the examination of loneliness reveals a moderate overall level, with statistically significant differences among the participants. The categorization of loneliness into mild, moderate, severe, and very severe levels further delineates the emotional experiences of institutionalized single mothers. Similarly, the exploration of depression, anxiety, and stress levels underscores significant mental health challenges, emphasizing the need for targeted interventions. Lastly, the assessment of satisfaction with life among institutionalized single mothers indicates a moderate mean score, with a

substantial percentage expressing dissatisfaction. The breakdown of satisfaction levels provides a nuanced understanding, highlighting the complexities these mothers face in finding contentment.

These findings collectively underscore the multidimensional challenges faced by institutionalized single mothers, encompassing aspects of relationship status, mental health, and overall life satisfaction. The implications of these insights are crucial for informing tailored support systems and interventions aimed at enhancing the well-being and quality of life for this specific demographic group. Addressing both demographic and mental health aspects is essential for implementing effective strategies that promote positive outcomes and foster resilience among institutionalized single mothers.

8. Reference

- Association, A. P. (2009). Women and Depression. www.psychologymatters.org/about/gr/issues/women/depression.aspx.
- Atkins, R. (2010). Self-efficacy and the promotion of health for depressed single mothers. *Mental Health in Family Medicine*, 7(3),155-168.
- Bo'rsbo, B., Peolsson, M., & Gerdle, B. (2009). The complex interplay between pain intensity, depression, anxiety, and catastrophising with respect to quality of life and disability. *Disability and Rehabilitation*, 31:1605–13.
- Brown, R. C., Clark, S. L., Dahne, J., Stratton, K. J., & Macpherson, L. (2015). Testing the temporal relationship between maternal and adolescent depressive and anxiety. *Journal of Clinical Child and Adolescent Psychology*, 44(4), 566-579.
- Cairney, J., Boyle, M., Offord, D. R., & Racine, Y. (2003). Stress, social support and depression in single and married mothers. *Social Psychiatry and Psychiatric Epidemiology*, 38(8), 442–449.
- Chen, M. (1998). Widows in India: Social Neglect and Public Action. *New Delhi, London: Sage Thousand Oak*.
- Dave, T. (2000). Single mothers at Greater Risk for Depression. Retrieved December 2, 2023/www.overcomingdepression.com from [http/](http://).
- Jayakody, R., & Stauffer, D. (2000). Mental Health Problems Among Single Mothers: Implications for Work and Welfare Reform. *Journal of Social Issue*, Vol.56,617-634.
- Kotwal, N., & Prabhakar, B. (2009). Problems Faced by Single Mothers. *Journal of Social Science*, 21(3): 197-204 (2009).
- Phyllis Gyamfi, M. P., Brooks-Gunn, J., & Aurora P, J. P. (2001). Women & Health. *Associations Between Employment and Financial and Parental Stress in Low-Income Single Black Mothers*,32:1-2, 119-135, DOI: 10.1300/J013v32n01_06.
- Roshanaei-Moghaddam, B., Katon, W., & Russo, J. (2009). The longitudinal effects of depression on physical activity. *General Hospital Psychiatry*, 31 (4),306-315.
- Sarah, K., Spillman, Lorenz, F., & Wickramma. (2006). Divorce leads to poor psychological and physical health in women. *Institute for Social, and Behaviour Research*, Retrieved December 12, 2023 from [http//www.searchmother.com](http://www.searchmother.com).
- Simons, R. L., Beaman, J., Conger, R. D., & Chao, W. (1993). Stress, Support, and Antisocial Behavior Trait as Determinants of Emotional Well-Being and Parenting Practices among Single Mothers. *Journal of Marriage and Family*, Vol. 55, No. 2, pp. 385-398.
- Stegelin, D., & Frankel, J. (1993). Families of lower-income employed mothers. In J. Frankel (Ed.), *The employed mother and the family context* New York. *Springer Publishing Company*. , 115-131.

Willicox, S. (2003). The Effects of Widowhood on Physical and Mental Health,*Health Behaviour and Health Outcome*, 22 (5);513-522.

UNDER PEER REVIEW