Quality of Life among Widows in Karaikal District of Puducherry Union Territory: A Community-Based Study Using the WHOQOL-BREF Scale

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Abstract

Widowhood is one of the most challenging life events experienced by women, often resulting in economic deprivation, psychological distress, social isolation, and declining health. In India, widows constitute a socially vulnerable population, particularly in rural and semi-urban communities where patriarchal norms, financial dependency, and social exclusion continue to influence their quality of life. The present study examines the quality of life (QoL) of widows residing in Karaikal District of Puducherry Union Territory using the World Health Organization Quality of Life-BREF (WHOQOL-BREF) instrument.

A community-based cross-sectional research design was adopted. A total of 500 widows were selected from the commune panchayats of Karaikal District using an appropriate sampling technique. Data were collected through a structured personal information schedule and the WHOQOL-BREF questionnaire. Descriptive and inferential statistical techniques were proposed for data analysis. The demographic profile indicates that most respondents belonged to the economically weaker sections, had low educational attainment, and were engaged in informal occupations, particularly construction work.

The findings are expected to provide empirical evidence on the multidimensional challenges faced by widows and offer policy recommendations for improving their physical, psychological, social, and environmental well-being. The study highlights the need for integrated social welfare programmes, livelihood opportunities, psychosocial interventions, and community-based support systems to enhance the quality of life of widows in Puducherry.

Keywords: Quality of Life, Widows, WHOQOL-BREF, Karaikal, Puducherry, Social Work, Women's Well-being.

Introduction

Women constitute nearly half of India's population and significantly contribute to the nation's social and economic development. Despite constitutional guarantees of equality and numerous welfare programmes, many women continue to experience multiple forms of discrimination arising from poverty, gender inequality, social exclusion, and limited access to resources. Among these vulnerable groups, widows remain one of the most marginalized sections of society.

Widowhood is not merely the loss of a spouse but represents a profound transition affecting every aspect of an individual's life. The death of a husband often results in emotional trauma, financial insecurity, social isolation, deteriorating physical health, and reduced access to community support. In many traditional Indian communities, widows continue to face stigma, restricted participation in social and religious activities, economic dependency, and limited opportunities for employment and remarriage.

The concept of quality of life has become an important indicator for assessing overall well-being beyond economic status alone. According to the World Health Organization, quality of life reflects an individual's perception of their position in life within the context of their culture, value systems, personal goals, expectations, and concerns. The WHOQOL-BREF measures four important domains: physical health, psychological well-being, social relationships, and environmental conditions.

Karaikal District, one of the four regions of the Union Territory of Puducherry, presents a unique socio-cultural and economic context. A considerable proportion of widows in the district belong to economically disadvantaged households and depend primarily on daily wage labour or social welfare pensions for survival. Although several welfare schemes are available, their effectiveness in improving the quality of life of widows remains largely unexplored. Therefore, assessing their quality of life is essential for evidence-based policy formulation and social work intervention.

The present study attempts to assess the quality of life of widows in Karaikal District using the WHOQOL-BREF instrument while examining the influence of demographic and socio-economic variables.

Review of Literature

Previous studies have consistently reported that widows experience poorer quality of life compared to married women because of financial hardship, loneliness, reduced social participation, and declining health.

Research conducted in different parts of India has shown that widows often encounter economic deprivation due to loss of household income and limited employment opportunities. Low educational attainment further restricts access to stable occupations, increasing dependency on government assistance and family members.

International studies indicate that psychological distress among widows is characterized by depression, anxiety, grief, sleep disturbances, and feelings of insecurity. Social support from family and community significantly improves their psychological well-being and life satisfaction.

Studies using the WHOQOL-BREF have demonstrated that physical health, mental health, social relationships, and environmental resources collectively determine overall quality of life. Women engaged in informal occupations generally report lower QoL scores due to unstable income, occupational hazards, and inadequate access to healthcare.

Research in South India has also emphasized the importance of widow pension schemes, self-help groups, livelihood promotion, and community participation in improving the socio-economic conditions of widows.

However, several researchers argue that financial assistance alone is insufficient without psychosocial counselling, healthcare access, and community integration.

Although many studies have investigated widowhood in India, limited research has focused specifically on Karaikal District of Puducherry using standardized quality of life instruments. This study seeks to bridge this gap by providing empirical evidence based on the WHOQOL-BREF scale.

Research Gap

A review of the available literature reveals that widowhood has been extensively studied from the perspectives of poverty, social exclusion, mental health, and gender discrimination. Several studies have documented the economic vulnerability and psychological distress experienced by widows in different parts of India. However, only a limited number of studies have employed standardized instruments such as the WHOQOL-BREF to comprehensively assess the multidimensional quality of life of widows.

Further, research specifically focusing on widows in Karaikal District of the Union Territory of Puducherry is scarce. The unique socio-cultural characteristics of Puducherry, coupled with its distinct welfare policies, necessitate a localized investigation into the quality of life of widows. Existing studies have rarely examined how socio-demographic factors such as age, education, income, occupation, community, religion, and duration of widowhood influence the quality of life of widows in this region. Therefore, the present study attempts to bridge this research gap by providing empirical evidence on the quality of life of widows in Karaikal District using the WHOQOL-BREF scale.

Need and Significance of the Study

Widows constitute one of the most vulnerable sections of society, often facing multiple disadvantages that adversely affect their physical, psychological, social, and economic well-being. Although the Government of Puducherry implements various welfare schemes, including widow pensions and social assistance programmes, there is limited evidence regarding their impact on improving the overall quality of life of widows.

Objectives of the Study

General Objective

To assess the quality of life among widows in Karaikal District of Puducherry Union Territory.

Specific Objectives

1. To examine the socio-demographic characteristics of widows in Karaikal District.
2. To assess the physical health domain of quality of life among widows.
3. To assess the psychological well-being of widows.
4. To examine the social relationship domain of quality of life.
5. To assess the environmental domain of quality of life.
6. To determine the overall quality of life among widows.
7. To examine the association between socio-demographic variables and quality of life.

Hypotheses

The following null hypotheses are proposed:

H01: There is no significant association between age and quality of life among widows.

H02: There is no significant difference in quality of life based on educational status.

H03: Income does not significantly influence the quality of life of widows.

H04: Occupational status has no significant effect on quality of life.

H05: Duration of widowhood does not significantly influence quality of life.

H06: Community status has no significant relationship with quality of life.

H07: Religion does not significantly influence quality of life.

Research Methodology

Research Design

The present study adopted a descriptive cross-sectional survey research design. This design is appropriate for assessing the quality of life of widows at a specific point in time and examining the influence of socio-demographic variables.

Study Area

The study was conducted in Karaikal District, one of the four regions of the Union Territory of Puducherry. Karaikal comprises several commune panchayats with a predominantly rural population. Agriculture, fishing, and construction work constitute the major livelihood activities. Women, particularly widows, often depend on informal employment and government welfare schemes for their livelihood.

Population

The target population consisted of widowed women residing in different commune panchayats of Karaikal District, viz Kottucherry, Nedungadu, Thirumalairayanpattinam, Thirunallar and Neravy.

Sample Size

A total of 500 widows participated in the study.

Sampling Technique

A multistage sampling technique was adopted. Initially, commune panchayats were selected, followed by the identification of eligible widows with the assistance of local authorities, Anganwadi workers, self-help groups, and community leaders. Respondents were selected based on predefined inclusion criteria.

Inclusion Criteria

- Widows aged 20 years and above.
- Permanent residents of Karaikal District.
- Willing to participate voluntarily.
- Able to provide informed consent.

Exclusion Criteria

- Women who were severely ill during data collection.
- Respondents with cognitive impairments preventing effective participation.

Research Instruments

Personal Information Schedule

The schedule included information on: Age, Religion, Community, Educational status, Occupation, Monthly income, Duration of widowhood, Family characteristics and WHOQOL-BREF Scale

Quality of life was assessed using the WHOQOL-BREF, developed by the World Health Organization. The instrument consists of 26 items distributed across four domains: Physical Health, Psychological Health, Social Relationships, Environmental Health. Responses are recorded on a five-point Likert scale. Higher scores indicate a better quality of life. The WHOQOL-BREF has demonstrated excellent reliability and validity across diverse populations and has been widely used in public health and social science research.

Data Collection Procedure

Data were collected through face-to-face interviews after obtaining informed consent from the respondents. Confidentiality and anonymity were maintained throughout the study.

Statistical Analysis

The collected data were analysed using PSS Statistics.

The following statistical techniques were used, Frequency and Percentage, Mean and Standard Deviation, Independent Sample t-test, One-way ANOVA, Chi-square Test, Pearson Correlation, Multiple Regression (if appropriate) A significance level of $p < .05$ was considered statistically significant.

Ethical Considerations

The study adhered to the ethical principles of social science research. Participation was voluntary, informed consent was obtained, confidentiality was ensured, and respondents were informed of their right to withdraw at any stage without consequences.

Results and Discussion

Socio-Demographic Profile of the Respondents

A total of 500 widows from different Commune Panchayats of Karaikal District participated in the study. The socio-demographic characteristics reveal the economic and social vulnerability of the respondents.

Table 1

Distribution of Respondents by Age (N = 500)

Age Group (Years)	Frequency	Percentage
20–30	169	33.8
31–40	131	26.2
41–50	110	22.0
51 and above	90	18.0

Total	500	100.0

Interpretation

The findings indicate that 33.8% of the respondents belonged to the age group of 20–30 years, followed by 26.2% aged between 31 and 40 years. About 22.0% were between 41 and 50 years, while only 18.0% were above 51 years. This distribution suggests that widowhood affects women even during their economically productive years, increasing their vulnerability to financial hardship and social insecurity.

Table 2

Distribution by Religion

Religion	Frequency	Percentage
Hindu	326	65.2
Muslim	64	12.8
Christian	110	22.0
Total	500	100.0

Interpretation

Nearly two-thirds (65.2%) of the respondents were Hindus, followed by Christians (22.0%) and Muslims (12.8%). The religious composition broadly reflects the demographic characteristics of Karaikal District.

Table 3

Distribution by Community

Community	Frequency	Percentage
Scheduled Caste (SC)	292	58.4
Other Backward Class (OBC)	120	24.0
Most Backward Class (MBC)	88	17.6
Total	500	100.0

Interpretation

More than half (58.4%) of the widows belonged to the Scheduled Caste community, indicating that socially disadvantaged groups are disproportionately represented among the respondents. This reflects the intersection of caste-based disadvantage and gender inequality.

Table 4

Distribution by Educational Status

Education	Frequency	Percentage
Below Higher Secondary	322	64.4
Higher Secondary and Above	128	25.6
Illiterate	50	10.0
Total	500	100.0

Interpretation

Nearly two-thirds (64.4%) of the respondents had education below Higher Secondary, while 10% were illiterate. Low educational attainment limits employment opportunities, access to information, and awareness of welfare schemes, thereby negatively affecting quality of life.

Table 5

Distribution by Occupation

Occupation	Frequency	Percentage
Construction Worker	372	74.4
Daily Wage Labour	122	24.4
Others	6	1.2
Total	500	100.0

Interpretation

A majority (74.4%) of the respondents were employed as construction workers, indicating dependence on informal and physically demanding occupations. Such employment is generally characterized by low wages, lack of job security, and absence of social protection.

Table 6

Distribution by Monthly Income

Monthly Income	Frequency	Percentage
Below ₹5,000	402	80.4
Above ₹5,000	98	19.6
Total	500	100.0

Interpretation

The data reveal that 80.4% of the respondents earned less than ₹5,000 per month, highlighting widespread economic deprivation among widows. Limited income affects access to healthcare, nutrition, housing, and other essential services, thereby reducing overall quality of life.

Table 7

Distribution by Duration of Widowhood

Duration	Frequency	Percentage
Recently Widowed	329	65.8
Up to 10 Years	102	20.4
More than 10 Years	69	13.8
Total	500	100.0

Interpretation

Most respondents (65.8%) had become widows recently, suggesting an urgent need for psychological counselling, financial assistance, and social rehabilitation during the early stages of widowhood.

Discussion

The socio-demographic profile demonstrates that widows in Karaikal District experience multiple and overlapping disadvantages. A large proportion belong to Scheduled Castes, possess low educational qualifications, work in the unorganized sector, and earn very low monthly incomes. These findings are consistent with previous studies showing that widowhood is closely associated with poverty, social exclusion, and reduced access to resources.

The predominance of construction workers indicates that widows continue to undertake physically demanding labour despite advancing age and health concerns. Their dependence on informal employment exposes them to income insecurity and occupational hazards.

The high proportion of respondents earning below ₹5,000 per month underscores the need for enhanced livelihood opportunities, improved widow pension schemes, skill development programmes, and social security measures.

Furthermore, the large number of recently widowed women indicates the importance of timely psychosocial support services, grief counselling, and community-based interventions to facilitate adjustment and improve quality of life.

Discussion

The demographic profile of the respondents reveals that widowhood in Karaikal District is closely associated with socio-economic disadvantage. More than one-third of the respondents were young widows aged between 20 and 30 years, indicating that the loss of a spouse occurs during the economically productive stage of life. Such early widowhood increases financial responsibilities, emotional distress, and the burden of caring for dependent children.

The predominance of Scheduled Caste respondents (58.4%) suggests that social disadvantage and widowhood often coexist. Women from marginalized communities generally have limited educational opportunities, fewer economic resources, and reduced access to institutional support, all of which influence their quality of life.

Educational attainment among the respondents was considerably low. Nearly three-fourths had education below the higher secondary level or were illiterate. Education plays a crucial role in enhancing employment opportunities, awareness of government welfare schemes, decision-making capacity, and health-seeking

behaviour. Therefore, low educational status may adversely affect all four domains of quality of life measured by the WHOQOL-BREF.

Occupationally, most respondents were engaged in construction work and other forms of unorganized labour. Such employment is characterized by irregular income, physical strain, occupational hazards, and the absence of social security benefits. These conditions are likely to negatively influence physical health, psychological well-being, and environmental quality of life.

Income analysis revealed that more than four-fifths of the respondents earned below ₹5,000 per month. Financial insecurity remains one of the major determinants of poor quality of life among widows. Limited income affects access to nutritious food, healthcare, education for children, decent housing, and transportation.

The study also observed that a majority of the respondents had become widows recently. Early stages of widowhood are often associated with grief, loneliness, uncertainty, and social adjustment problems. Immediate psychosocial support and livelihood assistance are therefore essential for improving their well-being.

Overall, the demographic findings indicate that widows in Karaikal experience multiple disadvantages that may substantially reduce their quality of life. These findings are consistent with previous research conducted in India, which has identified poverty, low education, informal employment, and social exclusion as major barriers to the well-being of widowed women.

Social Work Implications

The findings have several implications for professional social work practice.

Community social workers should organize psychosocial counselling and bereavement support for newly widowed women.

Self-help groups should be strengthened to promote savings, credit access, and income generation.

Vocational training programmes should be introduced to improve employability and economic independence.

Awareness programmes should be conducted regarding widows, Regular health screening camps should be organized for widows engaged in physically demanding occupations.

Community support networks should be developed to reduce social isolation and improve social participation.

Policy Recommendations

The Government of Puducherry may consider the following measures:

1. Revise widow pension amounts in accordance with the current cost of living.

2. Introduce exclusive livelihood programmes for widows through skill development and entrepreneurship.

3. Provide free annual health check-ups and health insurance coverage.

4. Establish counselling centres in every commune panchayat.

5. Prioritize widows in housing and social security schemes.

6. Encourage self-help groups through subsidized bank loans and revolving funds.

7. Provide educational scholarships for children of widows.

8. Strengthen coordination between the Departments of Social Welfare, Women and Child Development, Rural Development, and Health.

Conclusion

Widowhood is a multidimensional social issue affecting the physical, psychological, social, and economic well-being of women. The present study highlights that widows in Karaikal District predominantly belong to economically disadvantaged and socially marginalized communities. Low educational attainment, informal employment, and inadequate income are common characteristics among the respondents.

Although the WHOQOL-BREF instrument was administered, the demographic findings alone clearly demonstrate the vulnerability of widows and the urgent need for comprehensive social welfare interventions. Improving the quality of life of widows requires integrated efforts involving government departments, local bodies, civil society organizations, and professional social workers. Sustainable livelihood opportunities, accessible healthcare, psychosocial counselling, and strengthened social security measures are essential for enhancing the dignity, independence, and overall well-being of widowed women.

Limitations

The study was confined to Karaikal District and therefore the findings cannot be generalized to all widows in India.

The available manuscript is based on socio-demographic information; domain-wise WHOQOL-BREF statistical results were not available for analysis.

The study relied on self-reported information, which may be influenced by recall bias and social desirability.

Cross-sectional data limit the ability to establish causal relationships.

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