

A COMPARATIVE STUDY TO ASSESS THE LEVEL OF DEPRESSION AND LONELINESS AMONG WIDOWS AND WIDOWERS

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ABSTRACT

Widowhood is associated with significant psychological distress, particularly depression and loneliness. These problems are often more severe in rural settings due to limited access to mental health services, social isolation, and sociocultural challenges. In India, especially rural Tamil Nadu, there is limited evidence on this issue. This study aimed to compare the levels of depression and loneliness among widows and widowers in selected rural areas of Chengalpattu District, Tamil Nadu, and to determine their association with selected socio-demographic variables. A community-based cross-sectional descriptive study was conducted among widows and widowers aged ≥ 35 years. A total of 130 participants were selected using purposive sampling. Data were collected using a structured sociodemographic questionnaire, the Zung Self-Rating Depression Scale, and the UCLA Loneliness Scale. Data analysis was performed using descriptive and inferential statistics. Among widows, 41.5% were in the normal depression (Mean = 2.0462, SD = 1.02211), 20.0% had mild, 30.8% moderate, and 7.7% severe depression. Among widowers, 29.2% were normal (Mean = 2.2769, SD = 1.00790), 24.6% had mild, 35.4% moderate, and 10.8% severe depression, indicating higher depression levels among widowers. Regarding loneliness, 30.8% of widows reported mild (Mean = 1.9231, SD = 0.73544), 46.2% moderate, and 23.1% severe loneliness. Among widowers, 30.8% had mild (Mean = 1.9538, SD = 0.75892), 43.1% moderate, and 26.2% severe loneliness. Both groups showed similar mild loneliness, while widows had slightly higher moderate and widower's higher severe loneliness. Very strong positive correlation observed. Depression was significantly associated with occupation and type of family among widows. No significant association existed between depression, loneliness, and other demographic variables. The study highlights a high prevalence of depression and loneliness among widows and widowers, emphasizing the need for culturally appropriate mental health interventions and community-based support programs.

Keywords: Comparison, Depression, Loneliness, Widows, Widowers.

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INTRODUCTION

Worldwide, there are 9% of widows and 2-3% widowers. The widowed are vulnerable to psychological illnesses such as depression and loneliness. Depression and loneliness have been shown to be higher among widowed people, with 40.6% suffering from depression and 27% being more prone to feeling lonely than non-widowed older adults [1, 2]. In India, there are 12% widowed women within the ages 35-59 years and 3% widowers. Amongst the widowed, about 10-75% of the women and a minority percentage of the male

widowed suffer from depression, while 44% suffer from loneliness. The prevalence rate of widowhood amongst older people in Tamil Nadu is 50.2%, where 67.5% are female and 33% are male. According to a study conducted on geriatrics in a rural setting in Tamil Nadu, depression was found to be 47% prevalent among older people who included the widowed, and another study on rural Tiruppur showed that 36.7% of elderly widowed women felt lonely [3, 4, 5]. According to Mahbuba Sarker (2024), in her research on the effects of widowhood

among people in Rajshahi, Bangladesh, 75% of widows had symptoms of depression, while 80% felt that the intensity of their disease increased with time [6]. The statistics show clear deficits in the knowledge about the mental wellbeing of widows and widowers, especially those older than 35 years of age. High frequency of depression and loneliness indicate that there is a need for further research regarding this issue in rural areas [1, 3, 4]. The loss of a spouse is a profound life event that often leads to long-term psychological distress, particularly depression and loneliness. Widows and widowers frequently experience emotional emptiness, social isolation, economic insecurity, and changes in family and societal roles, all of which significantly affect their mental well-being. These challenges are often intensified in rural settings, where limited access to mental health services, reduced social support systems, and prevailing cultural stigmas surrounding widowhood and emotional expression restrict timely identification and management of mental health problems. In rural Tamil Nadu, widowed women often face social stigma, financial dependency, and exclusion from community life, while widowers may experience emotional suppression, loneliness, and difficulties in managing household responsibilities. The absence of structured mental health screening programs and culturally appropriate interventions further contributes to the persistence of untreated depression and loneliness among this vulnerable group. Therefore, there is a critical need to systematically assess the levels of depression and loneliness among widows and widowers in a selected rural area of Tamil Nadu and to examine the socio-demographic and background factors influencing their mental health. The findings of this study will provide essential evidence to support early identification, community-based mental health interventions, and the development of culturally sensitive support strategies aimed at improving the psychological well-being and quality of life of widowed individuals in rural communities.

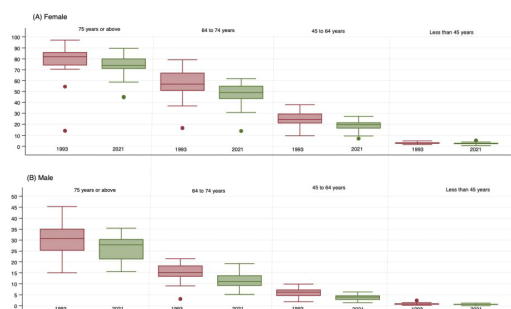


Figure 1. Summary distribution of state/union territory-level prevalence of widowhood among ever-married men and women, 1993, and 2021. The horizontal bar inside the box indicates the median, the lower and upper ends of the boxes are the 25th and 75th percentile, respectively, and represent the IQR. The whiskers indicate data 1.5 times the IQR and the circles indicate outliers. IQR – interquartile range

Coutesy: Pal A, Kim R, Subramanian S V. Prevalence of widowhood across states and union territories in India, 1993–2021: a repeated cross-sectional study. *J Glob Health*. 2026;16:04068

STATEMENT OF THE PROBLEM

A comparative study to assess the level of depression and loneliness among widows and widowers residing in selected rural areas of Chengalpattu District, Tamil Nadu, India.

OBJECTIVES OF THE STUDY

1. To assess the level of depression among widows and widowers.
2. To assess the level of loneliness among widows and widowers.
3. To compare the levels of depression and loneliness between widows and widowers.
4. To determine the relationship between depression and loneliness among widows.
5. To determine the relationship between depression and loneliness among widowers.
6. To determine the association between depression, loneliness, and selected sociodemographic variables among widows and widowers.

HYPOTHESES

H1: There is a significant difference in the level of depression between widows and widowers.

H2: There is a significant difference in the level of loneliness between widows and widowers.

H3: There is a significant positive relationship between depression and loneliness among widows.

H4: There is a significant positive relationship between depression and loneliness among widowers.

H5: There is a significant association between depression, loneliness, and selected sociodemographic variables among widows and widowers.

METHODOLOGY

A quantitative descriptive cross-sectional survey was conducted to assess and compare the levels of depression and loneliness among widows and widowers residing in selected rural areas of Chengalpattu District, Tamil Nadu, India. The study was carried out in four villages, namely Poonjeri, Paiyanoor, Kokilamedu, and Manamai. These villages represented rural communities where

access to mental health services and community-based psychosocial support was limited. The target population consisted of widows and widowers aged 35 years and above who resided in the selected rural communities. Participants who had completed at least one year since the death of their spouse and met the eligibility criteria were included in the study. A purposive sampling technique was used to recruit the 130 participants, including 65 widows and 65 widowers. The Zung Self-Rating Depression Scale (SDS), a standardized, short self-administered scale with 20 items was used to assess the level of depression. It assessed four common characteristics of depression: pervasive affect, physiological equivalents, other disturbances, and psychomotor activities. Ten items were positively worded and ten were negatively worded. Each item was scored on a four-point scale ranging from 1 (a little of the time) to 4 (most of the time). The scores were categorized as normal (25–49), mild depression (50–59), moderate depression (60–69), and severe depression (≥ 70). The Modified University of California, Los Angeles (UCLA) Loneliness Scale was used to assess the level of loneliness among widows and widowers. The scale consisted of 20 statements. Each statement was rated on a four-point Likert scale as 1 = never, 2 = rarely, 3 = sometimes, and 4 = always. Statements 1, 5, 6, 9, 10, 15, 16, 19, and 20 were reverse scored. Reverse-scored items were worded in the opposite direction of what the scale measured. The total score of were categorised mild (≤ 20), moderate (21–50), and severe loneliness (51–80). Both the tools were internationally recognized standardized instruments with well-established psychometric properties. Previous studies had reported satisfactory validity and reliability for both instruments.

DATA COLLECTION METHOD:

Data were collected through a community-based household survey conducted over a period of two weeks. Eligible participants were identified through household visits in the selected villages. After the purpose of the study had been explained, written informed consent was obtained from each participant. Face-to-face interviews, lasting approximately 20–30 minutes, were conducted using the socio-demographic questionnaire, the Zung Self-Rating Depression Scale, and the Modified UCLA Loneliness Scale. A unique identification code was assigned to each participant to maintain anonymity and confidentiality. The completed questionnaires were reviewed daily to ensure completeness and accuracy before being entered for statistical analysis. Participants who exhibited moderate-to-severe depression or severe loneliness were advised to seek appropriate healthcare services, and their family members were informed about the need for psychosocial support.

ETHICAL CONSIDERATION:

Ethical approval for the study was obtained from the Institutional Ethics Committee of the Chettinad Academy of Research and Education before the commencement of the study (IHEC NO: IHEC-I/134/11/2025). Administrative permission was also obtained from the Department of Mental Health Nursing, Chettinad College of Nursing, and the respective community authorities before data collection. Written informed consent was obtained from all participants after the objectives and procedures of the study had been clearly explained. Participation was entirely voluntary, and anonymity and confidentiality were maintained throughout the study. The information collected was used solely for research purposes and was stored securely to protect the privacy of the participants.

STATISTICAL ANALYSIS:

The collected data were entered, coded, and analysed using appropriate statistical software. Descriptive statistics, including frequency, percentage, mean, and standard deviation, were used to summarize the socio-demographic characteristics of the participants and the levels of depression and loneliness. Independent-samples t-tests were performed to compare the depression and loneliness scores between widows and widowers. Pearson's correlation coefficient was used to examine the relationship between depression and loneliness within each group. The associations between socio-demographic variables and the levels of depression and loneliness were analysed using the chi-square test. A p-value of less than 0.05 was considered statistically significant.

RESULTS

Table 1: Frequency and percentage distribution of demographic variables of Widow and widowers.

S N o	DEMOGRAP HIC VARIABLES	CATEGO RY	N = 130			
			WIDO WS (n = 65)		WIDOWE RS (n = 65)	
			F	%	F	%
1.	Age	a) 35-45 yrs	8	12.3	0	0
		b) 46-55 yrs	27	41.5	30	46.2
		c) >55 yrs	30	46.2	35	53.8
2.	Gender	a) Male	-	-	65	100.0
		b) Female	65	100.0	-	-

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3.	Education Qualification	a) No formal education	27	41.5	26	40.0
		b) Primary & middle schooling	28	43.1	25	38.5
		c) High School & Higher Secondary	10	15.4	0	0
		d) Diploma & Graduate	0	0	14	21.5
4.	Occupation	a) No occupation/Homemaker	27	41.5	16	24.6
		b) Self employed	23	35.4	31	47.4
		c) Private job	15	23.1	18	27.7
		d) Government job	0	0	0	0
5.	Type of family	a) Joint family	28	43.1	27	41.5
		b) Nuclear family	36	55.4	21	32.3
		c) Living alone	1	1.5	17	26.2
6.	Monthly family income in Rs	a) Below Rs.10,000 /-	43	66.2	33	50.8
		b) Rs.10,001 – Rs.20,000/-	22	33.8	32	49.2
		c) Rs.20,001 & above	0	0	0	0

7.	Age at widowhood	a) 35-45 yrs	20	30.8	17	26.2
		b) 46-55 yrs	31	47.7	27	41.5
		c) >55 yrs	14	21.5	21	32.3
8.	Duration of widowhood (in years)	a) 1-5	16	24.6	19	29.2
		b) 6-10	34	52.3	28	43.1
		c) >11yrs	15	23.1	18	27.7
9.	No.of.children	a) Nil	12	18.8	0	0
		b) one	35	53.1	35	53.8
		c) Two & more	18	28.1	30	46.2
10.	Are you financially dependent on others?	a) Yes	40	61.5	30	46.2
		b) No	25	38.5	35	53.8
11.	Have you experienced changes in appetite or sleep patterns since your spouse passed away?	a) Yes, significant changes	34	52.3	14	21.5
		b) Yes, minor changes	29	44.6	36	55.4
		c) No changes	2	3.1	15	23.1
12.	How often do you leave your home for social or recreational activities?	a) Daily	15	23.1	17	26.2
		b) A few times a week	32	49.2	29	44.6
		c) Once a week	18	27.7	19	29.2
		d) Never	0	0	0	0
		a) Nil	31	47.7	16	24.6

13	Present Medical history	b) Hypertension	31	47.7	32	49.2
		c) Diabetic Mellitus	3	4.6	17	26.2
		d) If others specify----- -	0	0	0	0

Widowers

N=130

Table.2. Mean and Standard deviation of widows and widowers based on level of depression and loneliness

N = 130

Variables	n	Level of depression		Level of loneliness	
		mean	SD	mean	SD
Widows	65	2.04	1.022	1.92	0.735
Widowers	65	2.27	1.007	1.95	0.758

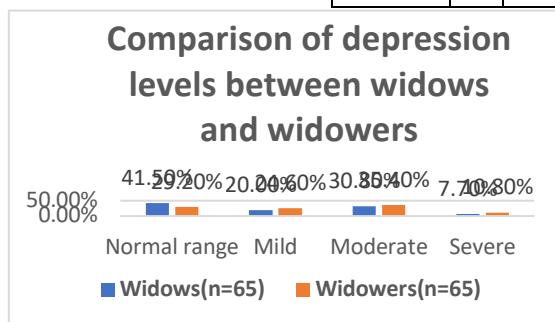


Figure 2. Comparison of depression levels between widows and widowers

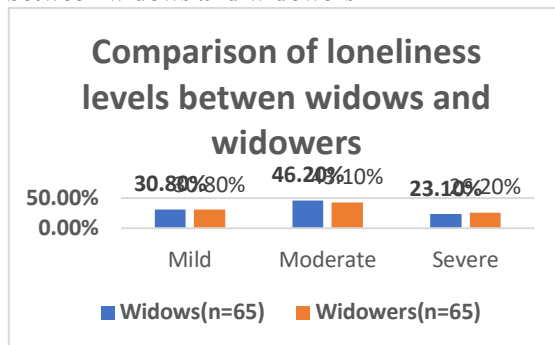


Figure 3. Comparison of loneliness levels between widows and widowers

Table 3: Correlation between level of depression and level of loneliness of widows and

Variables	Widows (n =65)			Widowers (n =65)			Interpretation
	Mean	SD	"r" Value	Mean	SD	"r" Value	
Level of depression	55.05	9.207	0.9803	57.01	9.123	0.9902	Very strong positive correlation
Level of loneliness	33	18.76		33	18.78		

The study revealed the association between level of depression and level of loneliness with selected demographic variables among widows. With regard to level of depression of widows, the analysis shows that occupation ($\chi^2 = 19.128$, $df = 6$, $p = .004$) and type of family ($\chi^2 = 12.908$, $df = 6$, $p = .045$) have a statistically significant association. With regard to level of loneliness, the findings reveal that only type of family ($\chi^2 = 9.673$, $df = 4$, $p = .046$) has a statistically significant association. Hence the researcher partially accepted the research hypothesis.

The results also highlighted that there was no association between level of depression and level of loneliness with selected demographic variables among widowers. Hence the researcher rejected the research hypothesis.

DISCUSSION

The present study was conducted to assess the level of depression and loneliness among widows and widowers residing in a selected rural area of Chengalpattu District, Tamil Nadu, and to determine their association with selected demographic variables. The study included 130 participants, consisting of 65 widows and 65 widowers. Depression and loneliness were assessed using standardized scales. The findings indicate that both the widows and widowers experience varying level of depression and loneliness following the loss of their spouse highlighting the psychological challenges associated with widowhood. The findings are consistent with Dahlberg et al. (2015) who observed that feeling of loneliness tend to increase with advancing age among older adults. The longitudinal study also indicated that recent widowhood was significantly associated with increased loneliness, suggesting that spousal loss may exacerbate feelings of loneliness in later life [7]. As people age, the loss of a spouse may be associated with smaller social networks and less social interaction, less mobility and more dependence on others, and therefore may contribute to greater feelings of loneliness. The findings suggest that the combined effect of increased age and widowhood may heighten vulnerability to loneliness indicating the importance of bolstering social support and suitable psychosocial intervention for older widowed men and women. Living arrangements and widowhood were significantly associated with depression among older adults in India, according to Srivastava et al. (2021). The study found that older adults who were widowed had a 34% higher likelihood of experiencing depression compared with those who were currently married [8]. Furthermore, widowed older adults who lived alone had a 56% greater likelihood of experiencing depression compared with currently married older adults who lived with others. These findings highlight that psychological vulnerability are more for the older people who lost their spouse and are left to live alone. This is because being alone reduces their availability of emotional stress, social interaction and companionship. These can also lead to greater probability of depressive symptoms. A study conducted in 2024 found that greater social participation was associated with better mental health among widowed older adults. The longitudinal findings indicated that involvement in social activities was associated with fewer depressive symptoms, suggesting that continued social engagement may help protect widowed older

adults from adverse mental health outcomes [9]. In their review of gender differences in bereavement adjustment, Stroebe et al. (2001) found that widowers experienced more severe adverse health effects following the loss of a spouse than widows, particularly during the early bereavement period. The authors suggested that some of the differences in bereavement adjustment between men and women may be explained by differences in social support and coping strategies [10]. The result of the study is also backed by a systematic review carried out by Umberson et al. (1992) who examined gender differences in vulnerability to depression following widowhood and reported that widowed men were generally more susceptible to depression than widowed women, which was partly attributed to differences in social support and other psychosocial factors [11]. Hawkley and Cacioppo (2010), in their theoretical and empirical review, reported that loneliness is associated with negative psychological and physical health outcomes, including depressive symptoms, and highlighted the importance of social and cognitive process in the development and persistence of loneliness [12].

The finding is in line with Muhammad et al. (2025), who found that marital bereavement was particularly common among older adults and that recent loss of spouse was related with a greater risk of depression among both older women and men. Their study also emphasized that spousal loss can have significant psychological consequences in later life especially when social and family support is inadequate [13]. The results of the present study are in agreement with Niino et al. (2024), who undertook a systematic review of 26 longitudinal studies on loneliness and social isolation following spousal loss. The review showed that bereavement following the spousal loss was connected to increased loneliness, particularly in early period following the loss of spouse, with levels of loneliness changing over the course of grief [14]. Regarding educational qualification, 41.5% of widows had no formal education, while 43.1% had completed primary or middle-level schooling. In contrast among widowers, 40.0% had no formal education and 38.5% had completed primary or middle-level education. Only 21.5% of widowers had achieved diploma or graduate-level education, while none of the widows had reached this level of educational qualification. These observations suggest that widows in the present study had low levels of educational attainment. Limited access to educational opportunities, particularly among older women residing in rural area, may have contributed to reduced employment prospects, limited economic independence, and constrained access to social resources. The occupational distribution demonstrated that 41.5% of widows were homemakers or unemployed, whereas 35.4% were self-employed and 23.1% were engaged in private

sector employment. Compared with widows, 47.4% of widowers were self-employed while 27.7% were engaged in private sector employment. No participants were employed in government positions. The higher prevalence of unemployment among widows may be associated with greater economic dependence and reduced social engagement after spousal loss. Recent studies in India have highlighted that limited employment opportunities and socioeconomic disadvantages may shape the experience of widowhood differently, particularly among women [13]. Regarding family type, 55.4% of widows belonged to nuclear family, while 43.1% lived in joint families and 1.5% lived alone. Among widowers, 41.5% belonged to joint families 32.3% belonged to nuclear families, while 26.2% lived alone. Thus, a substantially higher proportion of widowers lived alone compared with widows. This finding is significant, as living arrangements may influence the availability of emotional support and the level of social connectedness following spousal loss.

Srivastava et al. (2021) demonstrated that widowhood combined with living alone was significantly associated with an increased likelihood of depression among older adults, compared with married individuals living with others. The authors reported that widowed older adults living alone had 56% higher likelihood of experiencing depression compared with married older adults who were co-residing with others [7]. Similarly, Muhammad et al. (2025) reported that non-multigenerational living arrangements were associated with a stronger adverse relationship between widowhood and depression, particularly among women who had recently experienced spousal loss [13]. Liu et al. (2024), in a systematic review of longitudinal studies, reported that loneliness commonly reaches its peak around the time of spousal loss, with substantial individual variation in its subsequent courses. The review further indicated that widowers reported higher levels of loneliness and less favourable social isolation outcomes than widows [14]. The finding is consistent with the present study, in which widowers exhibited slightly higher levels of depression and loneliness compared with widows. The present finding is supported by Stroebe, Stroebe, and Schut (2001), who identified gender differences in bereavement adjustment and suggested that widowers may experience greater adverse health consequences following marital loss, particularly during the initial period of acute grief. They further proposed that differences in social support and coping mechanisms may partly account for variations in bereavement adjustment [14]. Similarly, Lee et al. (2001) demonstrated that the depressive impact of widowhood was more pronounced among older men than women, which may be partly attributed to greater disruption of established domestic responsibilities and social

roles following spousal loss [15]. The present study is strongly corroborated by previous research examining the psychological consequences of widowhood. Dykstra and Fokkema (2022) reported that loneliness is particularly prevalent following spousal loss and may have significant implications for psychological well-being [16]. Similarly, Schmitz (2021), using longitudinal data from four European regions, reported that loneliness constituted an important pathway linking widowhood with depressive symptoms, although no significant gender differences were observed in the mental health consequences of widowhood [17]. Stroebe et al. (1996), in their investigation of recently widowed individuals, highlighted loneliness as an important component of adjustment to spousal loss and differentiated between emotional loneliness arising from the absence of the spouse and social loneliness associated with inadequate social networks [18]. Thus, the very strong positive correlation observed in the present study indicates a close association between loneliness and depression among widowed individuals, suggesting that these psychological outcomes may coexist and potentially influence. The findings of the present study are consistent with previous research indicating that widowhood is associated with psychological difficulties, including depression and loneliness, among older adults." Bereavement is associated with increased symptoms of depression and loneliness in both sexes, although the pattern and intensity of these experiences may vary according to individual and social factors. The study also emphasized that the emotional consequences of losing a spouse can persist for several years after bereavement [10, 11].

In the present study, a very strong positive relationship was observed between depression and loneliness among widowers. This finding is consistent with previous research which reported that loneliness is closely associated with depressive symptoms among widowed older adults. Following the loss of a spouse, perceived social isolation can negatively affect emotional well-being and increase the risk of depression. The study emphasized that strengthening social support and reducing loneliness are important strategies for improving the mental health of widows [12, 19]. In the present study, a very strong positive relationship was observed between depression and loneliness among widowers. This finding is consistent with previous research which reported that loneliness and depression are closely interconnected among widowers after the loss of a spouse. Bereavement-related social isolation can increase emotional distress and negatively affect psychological well-being in older men. The study further emphasized that improving social support and connectedness may help reduce depressive symptoms among widowers [12, 10]. In the present study, occupation

and type of family were found to be significantly associated with the level of depression among widows, whereas no significant association was observed between the selected demographic variables and depression among widowers. These findings suggest that socioeconomic and family-related factors may play an important role in the psychological well-being of widows following spousal loss. Employment may provide financial security, opportunities for social interaction, and a sense of purpose, while supportive family environments may help reduce emotional distress and depressive symptoms. These findings are consistent with previous research, which reported that occupational status and living arrangements were associated with psychological adjustment and depression among widowed older adults [11, 8]. In the present study, type of family was significantly associated with loneliness among widows, whereas no significant association was observed between the selected demographic variables and loneliness among widowers. This is supported by the previous studies which reported that family living arrangements and the availability of social support have a significant influence on loneliness among widowed older adults. A supportive family environment can reduce feelings of social isolation and improve emotional well-being after spousal loss. Previous studies also emphasized that loneliness is a subjective experience shaped by the quality of social relationships rather than demographic characteristics alone [18, 12].

NURSING IMPLICATIONS

Nursing implications from this study emphasize practice, education, administration, and research. In Nursing implications from this study emphasize practice, education, administration, and research. In nursing practice, community health nurses should screen for depression and loneliness during home visits and refer individuals with moderate or severe symptoms for further care. In nursing education, training should focus on geriatric mental health, bereavement, communication, and counselling skills, with student nurses learning to use standardized assessment tools. For nursing administration, leaders can strengthen community-based programmes, outreach services, and collaborations with self-help groups, integrating mental health screening into routine services. Finally, in nursing research, future studies should adopt larger samples, diverse geographical settings, rural-urban comparisons, and longitudinal or intervention designs to evaluate counselling, social-support, and rehabilitation programs. This integrated approach ensures nursing contributes effectively to psychological wellbeing in vulnerable populations.

LIMITATIONS

The study faced several limitations that should be acknowledged. It was restricted to selected rural

areas of Chengalpattu District, which limits the generalizability of the findings to wider populations. The sample size can be increased to broaden the scope and enhance the robustness of the results. Additionally, only selected demographic and psychological variables were examined, leaving out other potentially influential factors. The reliance on self-reported responses raises the possibility of response bias, as participants may have underreported or over reported certain aspects. Finally, the cross-sectional design prevents drawing conclusions about cause-and-effect relationships, restricting the interpretation to associations rather than causal inferences.

RECOMMENDATIONS

Community-based mental health screening should be conducted regularly among widows and widowers. Counselling and awareness services should be strengthened through primary health centres and community outreach. Social-support and self-help groups may be encouraged to reduce social isolation. Families and community leaders should be sensitized to provide supportive environments and reduce stigma. Further intervention research should examine strategies addressing psychological well-being and potential gender-related differences.

CONCLUSION

The present study concludes that depression and loneliness are prevalent among both widows and widowers in the selected rural area of Chengalpattu district, Tamil Nadu. The findings reveal that widowers experience relatively higher levels of depression compared to widows, while both groups experience moderate to severe levels of loneliness, with slight variations between them. The study also highlights a very high positive correlation between depression and loneliness among both widows and widowers, indicating that an increase in loneliness is associated with an increase in depression. This emphasizes the interrelated nature of psychological issues faced by widowed individuals. Further, the association analysis shows that selected demographic variables such as occupation and type of family have a significant influence on depression among widows, while type of family also significantly influences loneliness. However, no significant association was found between demographic variables and depression or loneliness among widowers.

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CONFLICT OF INTEREST

The author declares that there is no conflict of interest.

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