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Loneliness and Depression among Wives of Pakistani Expatriate Husbands

Najam-us-SAHAR & Nida Irshad GILLANI

Abstract. *The present study was designed to assess loneliness and depression among wives of expatriated husbands with focus on the role of family. The sample comprised of 50 married women divided in two groups (29 living in joint family & 21 living in nuclear family setup) whose husbands are living abroad for last one year or more. Differential Loneliness Scale (DLS) & Beck Depression Inventory (BDI) were administered. Statistical analysis revealed that n=16(32%) of the participants experience severe depression. Furthermore a significant positive relation was found between loneliness & depression especially in intimate relations domain($r=.66^{**}$). Another significant finding is difference in loneliness & depression based on family system. Women living in joint family system experienced more loneliness ($M+SD= 29.1+11.9$, $t=2.1^*$) and severe depression (35%) as compared to those living in nuclear family system ($M+SD= 21.8+12.5$ for loneliness, 29% for severe depression. This study will be helpful in analyzing the psychological impact of husband's expatriation on their wives mental health and it will also serve as a representative and expressive effort to open new avenues for further researchers to consider social variables including family dynamics.*

Key Words: *Depression in women, Joint family system, women health in Pakistan, Pakistani expatriates, Differential Loneliness Scale*

Introduction

Over the past few years technological advancement has changed the structure of society all over the globe. World now considered as global village has increased interaction among individuals coming from different ethnic groups and countries; living together for employment reason or migration. This expansion has influenced the social structure and family dynamics throughout the world. Developing countries like Pakistan have experienced migration of skilled labors to developed countries which is referred as expatriation. It has been estimated that over 4 million Pakistani migrant workers serve around the globe; mostly young men are involved in this process. Around 2.5% of total population of the country work outside the country and this percentage correspond to global statistics of migration (Pakistani Institute of Legislative Development and Transparency, 2008). These expatriates have strong connection with their native land as they are regularly

visiting their families. However they are not present all the time to fulfill their day to day responsibilities.

This activity affects family dynamics and social fabric at large by change in the responsibilities and tasks performed by an individual. This becomes more obvious when we talk about gender roles. Expatriation by the male family member also brings changes in the stereotypical roles of men and women in the society. Male expatriation may also mean women left behind have a greater role in household decision-making, or greater interdependence with the joint family (if they are living in that family system). Mostly this situation increases stresses, vulnerability, and an increased workload (Srivastra, 2003).

The present study intends to investigate psychological consequences of husband absence (expatriation) on wife's mental health. Researches have supported that the time duration spent by the females (wives) away from their husbands in such cases can be very helpful in determining the emotional and psychological problems such as loneliness, depression and anxiety among the family members of those who have expatriated (Srivastra, 2003; Population Council Field Research, 2003). The more time the male earning figures spend away from their families; there is more likelihood of emotional and psychological problems in their families who live behind. Although the whole family is affected but the present study is aimed at assessing the depression and loneliness among the wives of the expatriates.

Relationship between Loneliness and Depression

Several studies have established a significant positive relationship between loneliness and depression. But on the contrary the literature supports that much of the work on the adults' loneliness does not incorporate the marital status into its model (Johnson and Mullins 1989; Schwab and Peterson, 1990). Psychiatric epidemiological studies consistently identify high rates of depression and other neurotic illnesses in women and the gender ratio of these disorders in the sub-continent is higher than the gender ratio in the West (Mumford, Saeed & Ahmed, 1997). Smaller scale studies of mental health and illness found that a variety of disorders such as depression and post-partum depression are strongly associated with marital problems, particularly maltreatment by the in laws, husband's expatriation and the load of workload (Patel, Rodrigues, & DeSouza, 2002). These problems are more prevalent in patriarchal societies like Pakistani society.

In a cross-cultural study by Karasaz (2005), it was found that Indian and Pakistani women whose husbands are living in USA consider themselves more sensitive and get depressed more easily. It was also seen that many women associated illness with isolation and confinement in the home. Managing a family in

the absence of the husbands becomes difficult, as one has to perform dual responsibilities. Furthermore living in a nuclear family increases the wife's burden as well as increases her loneliness in the decision making process.

While on the other hand living in a joint family increases her interdependence which challenges their decision making and autonomy in the absence of their husbands. In a joint family system two to three generations of a unilineal descent live together as one family unit under the authority of one family member. In Pakistani joint family system usually the elderly male is the authority figure for handling the financial issues, major decision making such as education, career and marriage of the young generation. The elderly woman possesses limited authority over household matters, so young women living with in-laws have little say in decision making at both level. After husband's expatriation to other country, women living in joint family are subjected to strict supervision and regulation (Desai & Banerji, 2008).

It has also been seen that because of the male expatriation, the social network of the females is affected negatively. They feel, isolated, overburdened and lonely. A research by Farooq and Javed(2009) on wives of migrants living in the rural areas of Central Punjab, Pakistan reported loneliness, added responsibilities, negative effects on education of children, debt obtained to finance emigration, and increased anxiety for communication as result of their husband expatriation. However this study did not focused directly on the psychological distress as measured in clinical terms.

Significance of the study

This study would be an effort to examine the incidence of loneliness and depression among the wives of the expatriate husbands. The findings of this study will be helpful and important for the families to understand that how the behavior and functioning of the married females is affected when their husbands migrate to other areas and spend a lot of time in the absence of each other. This study would, therefore, be significant for the planners to keep in view how the loneliness and depression can lead to mental and behavioral problems.

Hypotheses

There is a positive relationship between loneliness and depression among the wives of expatriate husbands.

Women living in joint family system experience more psychological distress as compared to those living in nuclear family system.

METHOD

Participants

For the present study ‘non probability purposive sampling technique’ was used for the sample selection. The sample consisted of 50 women (aged ranged 18-65) from the twin cities of Rawalpindi and Islamabad, Pakistan. Women who were married for at least one year and their husbands living abroad for at least 6 months after marriage were included in the present research.

The following table depicts the frequencies (f) and percentages (%) for the demographic characteristics of the participants.

Table 1

Frequencies (f) and percentages (%) for demographic variables in terms of age, education, occupation, and number of children (N = 50)

Variables	Categories	f (%)
Age	15-25 Years	6(12)
	26-36 Years	18(36)
	37-47 Years	16(32)
	48-58 Years	8(16)
	59-69 Years	2(4)
Education	Matriculation(up to high school)	10(20)
	F.A(up to 12 grade)	
	Graduation & above(college education)	12(24) 28(56)
Occupation	Home makers	
	Working female	37(74)
Number of children	No children	13(26)
	1 child	
	2 children	14 (28)
	3 children	3(6)
	4 or more children	8(16) 10(20) 15(30)

Instruments

The following instruments were used in the present study.

a. Demographic Sheet

The demographic details were taken which included age, academic qualification, marital status, occupation, years of marriage, number of children, and name of the country where the husband lives, visits made by husband per year and the family system (living in nuclear family system or joint family system).

b. BDI – II (Beck Depression Inventory)

BDI developed by Aaron Beck is the most widely used screening instrument for depression throughout the world (Beck 1996). BDI-II is a 21 item self-rated instrument which evaluates the key symptoms of depression including mood, pessimism, sense of failure, self dissatisfaction, guilt, punishment, self dislike, self-accusation, suicidal ideas, crying, irritability, self withdrawal, indecisiveness, body image change, work difficulty, insomnia, fatigue, loss of appetite, weight loss, somatic complaints and loss of libido. It takes 5-10 minutes to complete. Individuals are asked to rate themselves on a 0-3 spectrum (0=least, 3=most), with a score range of 0-63. The total score is a sum of all of the items. The standard cutoffs for BDI are as follows: 0-9 indicates that a person is not depressed, 10-18 indicates mild depression, 19-29 indicates moderate depression, and 30-63 indicates severe depression. Higher total scores indicate more severe depressive symptoms. These standard scores are also used in the present research.

c. DLS (Differential Loneliness Scale for Non-student Populations)

Differential Loneliness Scale was developed by Schmidt & Sermat in 1983. It is used to assess loneliness or social isolation. It is a 60 items dichotomous scale (True-False). It is a self-administered scale. It takes 15-20 minutes to get this scale filled form a single participant. It has four subscales, which are Family (F), Romantic/Sexual relationships (F/R), Friends, and Groups/ Community. High score indicate presence of loneliness in the individual.

Procedure

The data has been collected by one to one interview after taking written consent from each partaker that decreased number of participants from 64 to 50. Firstly the participants filled the demographic data sheet .The two scales BDI-II and DLS were administered individually with instruction. Each respondent took around 30-45 minutes to complete the protocol (demographic sheet, BDI and DLS). The whole data collection procedure took about one and a half month to complete.

Results

The data was analyzed through Statistical Package for Social Sciences (SPSS). Descriptive statistics were computed for demographic characteristics and Pearson correlation was also computed to assess the relationship between depression and loneliness. Furthermore the independent sample t-test was also computed to assess depression and loneliness based on family system in which they were living.

Demographic profile of participants

The results revealed that majority of the participants were within the age range of 25 – 36 years (36 %) and 37 – 47 Years (32 %). Most of the participants have completed graduation (56 %), but this percentage does not reflect education trend as this data was based on purposive sampling technique. Most of the females were homemakers (74 %) and the remaining (26 %) were earning as well. Majority of the participants (30 %) have 4-5 children.

Table 2

Frequencies (f) and percentages (%) values for marriage related variables (N = 50)

Variables	Categories	f (%)
Number of years in marriage	1-5 Years	
	6-11 Years	14(28)
	12-16 Years	7(14)
	17 Years and above	6(12)
		23(46)
Visits of husband made per year	No visits made per year	
	Once a year	
	Twice a year	14(28)
	Thrice or more times in a year	26(52)
		7(14)
Family system	Joint Family System	3(6)
	Nuclear Family System	
		29(58)
		21(42)

The results of the *table 2* depict that most of the visits made by the husbands per year is once a year (52 %). It has also been revealed that (58 %) of the females were living in joint family system and the remaining (42 %) was living in nuclear family system which indicates the trend of living with in-laws in this part of world due to socialization preferences.

Table 3

Levels of depression among wives of expatriate husbands (N = 50)

Variables	Categories	f (%)
No depression	0 – 9	13 (26)
Mild depression	10 – 18	12 (24)
Moderate depression	19 – 29	9 (18)
Severe Depression	30 – 63	16 (32)

The above table indicates that majority of participants (32 %) were in the range of

30 – 63, means that most of them are suffering from severe depression that is affecting psychological health whereas only 26 % did not reported depression.

Table 4

Correlation between Depression and Loneliness in Married females (N = 50)

<i>Loneliness</i>	<i>Depression</i>
	BDI
DLS Total	.62**
Family Subscale	.42**
Sexual relationships Subscale	.66**
Friends Subscale	.37**
Groups/ Community Subscale	.46**

** Significant at the level of 0.01

The *table 4* presents a significant positive relationship between depression and four domains of loneliness. The most significant relation is found in the domain of Romantic/ Sexual relationships and depression ($r = .66^{**}$).

Table 5

Independent sample t-test for Loneliness and Depression based on Family System (N=50)

Variables	Groups		95% CI		t-value	p-value	LL	UL	Cohen's d
	M	SD	M	SD					
Females living in Joint Family System (n=29)	21.3	14.1	20.9	14.2	0.11	0.91	.30	14.28	.03
Females living in Nuclear Family System (n=21)	29.1	11.9	21.8	12.5	2.1	.04	-7.70	8.61	.61

The results of the *table 5* show that there are no significant differences in terms of depression among the married females living in joint and nuclear family system. On the contrary it is demonstrated that females living in joint family system have significantly high scores on loneliness as compared to those living in nuclear family system.

Table 6

Mean scores on Differential Loneliness Scale (N=50)

Loneliness	Total	Joint Family System(n=29)	Nuclear Family System(n=21)
DLS Total	26.04 ± 12.55	29.10 ± 11.85	21.81 ± 12.52
Family Subscale	6.46 ± 5.14	8 ± 5.59	4.33 ± 3.57
Sexual relationships Subscale	5.38 ± 3.75	5.48 ± 3.92	5.24 ± 3.58
Friends Subscale	11.02 ± 5.61	12.21 ± 5.25	9.38 ± 5.80
Groups/Community Subscale	3.18 ± 2.15	3.41 ± 2.08	2.86 ± 2.26

Table 7*Cross tabulation for Depression based on Family system (N = 50).*

Variables	Categories	f(%)			
		No depression	Mild depression	Moderate depression	Severe depression
<i>Family System</i>	Joint Family System	9 (31)	3 (10)	7 (24)	10 (35)
	Nuclear Family System	4 (19)	9 (43)	2 (10)	6 (29)

The above table shows level of depression as measured by BDI. Women living in joint family system show high percentage of severe depression (35%) as compared to those living in nuclear family system. Moreover women in nuclear family system reported high scores on Mild to moderate depression category (43%). This pattern can be explained in relation to loneliness experienced by participants (Table 5) which is further explained in the discussion section.

DISCUSSION

The results of the present study supported the assertion that the females whose husbands are employed abroad are prone to experience loneliness and depression. Married females demonstrated significant positive relationship between depression and loneliness in all of the four domains of loneliness with highest correlation in depression and Romantic/sexual relationships domain. Limited number of researches has catered this component especially from developing and Muslim countries like Pakistan where publically discussing such relations is not appreciated. This component can be explored further for understanding the dynamics of husband/wife relations in absence of immediate physical contact.

The demographic characteristics of participants showed that most of them were home makers (74%) and having 3-4 children (30%). This depiction is consistent to the demographic profile of the country where mostly women stay at home and do not earn with employment ratio of women is 22.2% (Pakistan Bureau of Statistics, 2012). Staying at home is also connected with loneliness, lack of idea sharing and financial dependence. Being a housewife is considered as risk factor for common mental health disorders in Pakistan (Mirza & Jenkins, 2004). This could be one of the reasons for high percentage of depression reported by the participants.

With reference to family system it has been reported that majority of them were living in joint family system (58%), which is also consistent with demographic trends in subcontinent. As reported by de Haan (2006 cited in Desai, 2008), wives of migrated husbands in India usually stay with old male relatives of their husband chaperoned by female relative. Staying alone especially for young women is not the norm. Women living in this type of family spend most of the time in household chores, looking after their children and parent in-laws. This overburden, seclusion and isolations limits them to their house and their friendship circle narrows down and they may feel isolated and lonely in the absence of their husbands for longer durations. A Pakistan based study indicated role differentiation linked to lack of authority, seclusion lack of confidence among married females (Taqvi, Itrat, Qadwai, & Qadri, 2007). The finding of present research supports this notion where high rate of depression and loneliness are reported by women living in joint family system (Table 5 & 7). In my knowledge, this is the first study in Pakistan that explored the relations between loneliness and clinical depression on the basis of family system. It is to be noted that that presence of many individuals in home does not imply more interaction and stronger bonds.

It has been presented in literature that loneliness is leading cause of depression (Barg, Ashmore, Wittink, Murray, & Bogner, 2006; Cacioppo, Hughes, Waite, Hawkey, & Thisted, 2006). These studies mostly focused on the older adults living alone. Limited empirical data is available on loneliness and depression experienced by couples. The present study does not intend to establish casual relation between loneliness and depression due to limited sample size. However significant correlation has been established in these variables (See Table 4) with highest correlation in Romantic/Sexual relationships sub-scale and depression. One possible explanation is the nature of relation/intimacy with partner. Previous researches showed that support provided by friends and neighbors may not adequately substitute for husbands. The lack of the emotional ties and intimacy between the wives and husbands produces weaker support networks and generates feelings of loneliness among them (Cantor, 1979, Barg, Ashmore, Wittink, Murray, & Bogner, 2006). The same trend has emerged in Table 5 with highest mean score on loneliness in romantic relations domain. So on the basis of the results presented above it can be concluded that loneliness and depression are related to one another as well as to demographic variable such as husband absence and family system. An interesting finding related to high scores on loneliness and depression of women living in joint family system requires further explanation. Male labor expatriation creates changing social structures and leads to sex role restructuring, psychological stress on women, female headed households, and changes in the

household decision making patterns (Okeyo, 1979). In a nutshell, the findings of the present study have demonstrated that there is a positive relationship between clinical depression and loneliness among the wives of the expatriate husbands.

The present study has certain limitations such as limited number of participants, inclusion of educated females, and age limit. It is therefore suggested to do the comparison on the basis of education level, employment status of wives and women with & without children. The findings of the present study revealed that male labor expatriation is an important contributor in mental and behavioral problems. It is suggest that the families of the married females may understand the fact that the female performance can be affected negatively owing to husbands' expatriation so family members may provide maximum support, appreciation and acknowledge their work in order to decrease the chances of isolation and depression in this group.

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