



Research Article

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Living Arrangements and Health Status of Union Dissolution Women: A Case Study of Balasore, Odisha

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ABSTRACT

In India, around fourteen percent of women are widowed, separated, or divorced out of the total ever-married women (Census, 2011) and evidence from the recent literature suggests widowhood or divorce and its association with morbidity and mortality. Yet limited research has been carried out to explore the living arrangements and health status of widowed, separated, or divorced women. Therefore, the objective of the present study is to explore the living arrangements and health status of union dissolution women in Balasore, Odisha. The study used primary data from a sample of hundred (100) union dissolution women aged 20 to 80 years using a semi-structured interview schedule from February to April 2017. Statistical methods such as descriptive statistics have been carried out to fulfill the objectives of the study. The study found that 35% of women were either separated or divorced and 65% were widowed, with a median age of 40 years with almost half of the respondents being educated up to primary level. The majority of the women were staying in joint families with their 3rd generation families, while only 15% were living alone. It is found that, 25% of them were working in low-paid jobs with a monthly income of less than Rs. 5,000 only. Around 62% of them belong to the below poverty line (BPL) category and merely 30% reported that they were receiving pension. Results suggest that around 21% reported that they were diagnosed with diabetes and high blood pressure, 22% had joint pain and 15% had vision-related difficulties and to meet their health expenditure, three-fourths of them were dependent on their families for treatment. Psychological health of the women suggests that 35% of them have reported anxiety, low self-esteem, sleeplessness, and loneliness, while one-fourth of the women have ever experienced physical and verbal abuse too.

INTRODUCTION

Marriage or union dissolution is the term used to indicate the termination of marriage either through widowhood, divorce, or separation. According to 'The Global Widows Report-2015' by Loomba Foundation, around the world there are 258.5 million widows and 584.6 million children of these widows with 38.3 million (14.8%) widows living in extreme poverty. It is estimated that China and India together accounted for 35.2% of the total number of widows worldwide in 2015. As compared to China, Indian widows are more vulnerable due to low levels of education, extreme poverty, poor sanitation conditions, and less

employment in the formal sector. Globally, India has the highest number of widows in the world (46.5 million), followed by China (44.6 million).

In India, Nepal, Sub-Saharan Africa, and Papua New Guinea often, widows are accused of the death of their husbands (The Global Widows Report, 2015). The loss of a spouse or partner is devastating, especially for women. Women are more vulnerable, as a long-term struggle for basic needs, human rights, and dignity magnifies their loss. They may be denied inheritance rights to the piece of land that they relied on for a livelihood or, evicted from their own homes, forced into unwanted marriages, or

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traumatizing widowhood rituals. They are stigmatized for life, shunned, and shamed (UN Women, 2001). Thus, union dissolution either through widowhood, divorce, separation, or desertion is itself devastating for women in developing societies.

Several research that found an association between marriage dissolution with physical and mental health. A study by Barbuscia (2022) found that there were more depressive symptoms and sleep disorders along with poor self-rated health among those individuals who experienced union dissolution or had multiple union dissolutions. Among those individuals who experienced union dissolution had deterioration of mental health (Demey *et al.*, 2014; Meadows *et al.*, 2008) and are at a higher risk of unemployment as compared to their married counterparts (Covizzi, 2008).

A study based in Taiwan, reveals that individuals who lived alone and divorced, separated, or widowed had a higher prevalence of psychiatric morbidity as compared to married subjects who were living alone (Chen *et al.*, 2022) and an overall detrimental to health, especially psychological health (Ding *et al.*, 2021; Wójcik, 2021; Perkins *et al.*, 2016; Demey *et al.*, 2014). Thus, several studies indicate lower levels of psychological well-being among those who are separated, divorced, and widowed as compared to married or cohabiting couples (Blekesaune, 2008; Gardner and Oswald, 2006; Wade and Pevalin, 2004; Pinquart, 2003).

Unions in European countries have greater stability as compared to the United States. However, among the European countries, a high degree of variation has been observed in union dissolution, especially in some of the Catholic countries in Southern and Eastern Europe, where union dissolution rates are much lower (Andersson, 2003). A longitudinal study on European couples suggests that individuals who experience widowhood had worse well-being and mental health compared to the couples who remained in unions (Pena-Longobardo, 2021).

In India, widows, divorced, separated, or deserted are the socially excluded groups in India (Dutta, 2013; Chen and Dreze 1992) and are often excluded from auspicious cultural and religious rituals due to the social stigma (Karupiah, 2022). Often, widows are engaged in physically demanding casual work in temporary employment with low wages (Dutta, 2013). A study based on widows in rural North India found that kinship and inheritance systems, ability to earn a living, social isolation, and forms of intra and inter-household transfers influence widows' position in society. They receive little social support from society after their husband's death and receive little support from persons other than their children, and these economic vulnerabilities and intra-household neglect enhance mortality among them (Chen & Dreze 1998).

In India, around fourteen percent of women are either widows, separated, or divorced out of total ever-married women (Census, 2011). Although a significant proportion of union-dissolution women are there in India, still

limited research has been carried out to explore the living arrangements and health status of widowed, separated, or divorced women.

Therefore, it is important to examine the status of women after union dissolution (through divorced, separated, or widowed) in terms of living arrangements and health. Often these women become more vulnerable after the death or separation from their spouses. Neither they can go back to their parent's home nor they can stay with their in-laws. In many Asian societies often, they are considered unsuspecting and, most of the time, excluded from auspicious events or functions.

In 2005, an amendment to the Hindu Succession Act 1956 gave daughters an equal right to inherit property. Supreme Court has declared that Indian women have an equal property right in their father/ancestral property. Although there are provisions for equal rights in parental property but, awareness is very low among the women and most of the time, these are not availed by women, making them more vulnerable.

Therefore, with the above-stated research problems, the objective of the study is to explore the living arrangements and health status of union dissolution women. Since not many studies have been carried out on marriage dissolution in the recent past, especially in the Indian context, this present study will bridge the research gap and provide insights for policymakers using primary micro-data.

Objective

To explore the living arrangements and health status of union dissolution women in Balasore, Odisha.

Data and Methods

Data

The present study is based on primary data collected through a semi-structured interview schedule.

Study Area

Balasore is one of the coastal districts in Odisha. It lies in the northernmost part of the state. There are 12 Community Development (CD) Blocks in Balasore district. Purposively Remuna block has been selected for the present study. Further, randomly, seven villages (Samraipur, Ganeswarapur, Naraharipur, Saraswatipur, Achutpur, Bhimpura and Haripur) were selected for data collection.

Sample size & Eligible respondent

Eligible Respondents for the present study were union dissolution (widowed or divorced or deserted or separated) women aged 20 years and above. One hundred union dissolution women were interviewed using a semi-structured interview schedule. Data collection was performed from February to April 2017.

Descriptive Statistics

To fulfill the objective of the study, descriptive statistics have been performed, such as percentages and Karl Pearson’s Correlation coefficient to find an association between the variables.

RESULTS

Table 1 Presents widow and divorced or separated women in numbers and percentages for India and Odisha. In India, over the census decades, there has been a consistent increase in the number of widows. Similar trends have been observed in Odisha as well. However, in terms of the percentage of the total population has shown some fluctuations, in 1971 it was 8.1%, further declined to 6.5% in 1991, and in 2011 again increased to 7.4%. More or less Odisha has also witnessed the same trend. On the other hand, the percentage of widows is slightly higher in Odisha than the national level.

In India, the percentage of divorced or separated women shows a consistent increase in the size of the population, in 1971 it was only 10.3 lakh, and in 2011 it has increased almost three-fold (32.8 lakh). A similar trend has been observed in Odisha too.

Table 2 presents the demographic profile of the study area (Balasore District). According to the Census 2011, the total population of the Balasore district was 23.2 million. Nearly 90% population lives in rural areas (89.1%). The proportion of Scheduled caste and Scheduled tribe populations were 21% and 12% respectively. The average literacy rate for the district was 70%, whereas among males and females, it was 76% and 63.4% respectively.

Table 3 presents the total sample size for the present study is one hundred union dissolution (widow or divorced or deserted or separated) women aged 20 years and above. Out of the total, 65% of women were widows and 35% were either divorced, separated, or deserted.

Table 4 presents the socio-economic and demographic characteristics of the women who had experienced union dissolution. It shows that most of the respondents were in their middle ages (28%), followed by older women (27%) and younger women (26%). It is interesting to know that around half of the women (54%) have experienced union dissolution at younger ages. About 42% of women got married before attaining the age of 15 years and 58% of women got married during 16 to 25 years of age. The caste-wise distribution shows that most of these women belong to the general caste (46%) followed by other backward castes 22% and scheduled tribes 17%. The majority of them were Hindus (98%).

Nearly half of the women were educated up to matriculation and above (49%), followed by women educated below the primary level (28%). Out of the total women, only 26% reported that they were engaged in any kind of economic activity. The majority of the women in the study area were from the below poverty line category (BPL) (62%) or poorer section. About 82% of women were staying in their own houses and 79% reported that they have their lands. Almost all the households had electricity facilities in their houses, except a few (2%).

Table 5 presents the household composition and living arrangements of the union dissolution women. It reveals

Table 1: Union dissolution women in India and Odisha, Census of India (1971-2011)

Country/State	1971	1981	1991	2001	2011
(in 00000)					
<i>Widow</i>					
India	234.1 (8.9%)	257.7 (8.0%)	262.1 (6.5%)	342.9 (6.9%)	432.6 (7.4%)
Odisha	9.9 (9.1%)	11.8 (9.0%)	11.5 (7.4%)	13.7 (7.6%)	16.1 (7.8%)
<i>Divorced/Separated</i>					
India	10.3 (0.39%)	13.6 (0.42%)	14.3 (0.35%)	23.4 (0.47%)	32.8 (0.56%)
Odisha	0.4 (0.37%)	0.5 (0.40%)	0.6 (0.39%)	1.0 (0.54%)	1.3 (0.64%)

Source: Census of India, 1971-2011

Table 2: Demographic profile of Balasore district, Odisha (Census of India, 2011)

Profile	No. of HH ¹	Persons	Males	Females
Total Population	5,33,001	23,20,529 (100%)	11,85,787 (51.1%)	11,34,742 (48.9%)
Rural Population	4,77,434	20,67,236 (89.1%)	10,56,466	10,10,770
SC ² Population		4,78,586 (20.6%)	2,43,597 (20.5%)	2,34,989 (20.7%)
ST ³ Population		2,75,678 (11.9%)	1,37,748 (11.6%)	1,37,930 (12.2%)
Literacy Rate	-	16,21,232 (69.9%)	9,02,359 (76.1%)	7,18,873 (63.4%)

Note HH¹-Households; SC²-Scheduled Caste; ST³- Scheduled Tribe

Source: Census of India, 2011

Table 3: Total sample size of the study (n=100)

Marital status	Percent (%)	n
Widow	65	65
Separated/Deserted	35	35
Total	100	100

Table 4: Background characteristics of the respondent (n = 100)

Background characteristics	Percent (%)	
Age group	<30 years	26.0
	30-49	28.0
	50-69	19.0
	70 and above	27.0
Age at marriage (years)	<=15 years	42.0
	16-25 years	58.0
Place of residence	Rural	100.0
Social group/caste	Scheduled caste (SC)	15.0
	Scheduled tribe (ST)	17.0
	Other backward caste (OBC)	22.0
	General	46.0
Religion	Hindu	98.0
	Muslim	1.0
	Christian	1.0
Educational level	Below primary	28.0
	Primary	18.0
	Middle	5.0
	Matriculation and above	49.0
Currently working		26.0
BPL (Below Poverty Line) category		62.0
Type of house	Pucca	39.0
	Semi-Pucca	56.0
	Kaccha	5.0
Own house		82.0
Electrified house		98.0
Land ownership		79.0

that 38% of women were household heads of their families. The composition of households suggests that the majority of the women were currently living in joint families with 3rd generation families and only 15% were living alone.

The present study also attempted to explore their preferences for living arrangements, majority of them responded that they don't have any other preference (50%). Surprisingly it is found that around 20% of the women have no other option or choice for living arrangement. Around 29% of women have responded that 'no view' regarding

Table 5: Household structure and living arrangements of union dissolution women

Household composition and living arrangements	Percent (%)	
Headship status	Self	38
	Others	62
Composition of Household	1 st Generation	15
	2 nd Generation	19
	3 rd Generation	66
Preference for living arrangement	No preference	50
	No option	21
	No view	29
Total		100

1st generation are those women who are living alone; 2nd generation are those who are living with their parents or in-laws; 3rd generation are those who are living with their sons/daughters/daughters-in-law and their grandchildren.

Table 6: Working status and occupation of union dissolution women

Working status	Percent (%)	
Currently working	26	
Monthly Income	Less than 5,000 INR	16
	More than 5,000 INR	10
Type of Occupation		
Agriculture	2	
Teaching	6	
Tailoring work	9	
Others (housemaid, cook, etc.)	9	

this question.

Table 6 presents union dissolution women's present working status, income level, and type of occupation. In the study sample, only 26% of women were currently working at the time of data collection and 16% of them were working for a meager income (Less than Rs. 5,000 per month). Most of these women were working as tailors and other kinds of informal jobs, such as housemaid, cooks, manual laborer etc. Around 6% of the women were working as a school teacher.

Pension Schemes

The central and state govt initiates several pension schemes. For vulnerable people, i.e., senior citizens, disabled, widows, etc. In Odisha at present, these are some of the important pension schemes:

- State Old Age Pension Scheme
- Madhu Babu Pension Yojana
- National Social Assistance Programme
- Indira Gandhi National Old Age Pension Scheme
- Indira Gandhi National Widow Pension Scheme (IGNWP)



- Indira Gandhi National Disability Pension Scheme (IGNDPS)
- National Family Benefit Scheme (NFBS)
- Odisha Disability Pension (ODP) Scheme

Although there are several pension schemes available for widow women, but the amount they receive is very less and sometimes it is restricted to a certain age group and selected socio-economic category only. For example, IGNWP is for widows of aged 40-64 years and below the BPL category and receiving Rs. 200 per month per beneficiary.

In the present study, an attempt has also been made to collect information about any govt. schemes availed by the union dissolution women. Therefore, it was asked to them about various govt. facilities or schemes they have availed and problems they have faced to avail these schemes (Table 7).

Table 7 shows 30% of the women were currently receiving any kind of govt. pension. Nearly half of the women (47%) were ration card holders and received monthly ration. One woman had received monetary assistance for her house construction (Indira Awaas Yojana). Only 12% of women reported that they have cited issues such as long queues and insufficient amounts.

The present study also tried to explore the financial dependency among the dissolution women (Table 8) and it was found that majority (79%) of these women were financially dependent on their families. About 38% of respondents reported that their sons or daughters are taking care of their expenses. A total of 25% of women responded that their parents are taking care of their expenses. Only 21% of women were financially independent.

Table 9 presents the self-reported health condition of the union dissolution women. The majority of the women reported that they had joint pain, back pain, and headache. Surprisingly, around 23% of women are suffering from non-communicable diseases, such as diabetes, hypertension, thyroid, and kidney stones. Only 37% of women reported not having any health-related issues.

The present study also collected information about why union-dissolution women have not opted for remarriage. Table 10 presents various reasons for this. Nearly half of the women reported that they were not interested in remarriage. About 41% of women reported that it was too late for remarriage. About 9% of women said that because their kids were young, they couldn't think about remarriage. Only 5% of women said that they didn't get any marriage proposal after their separation or their husband's death.

Table 11 reveal the overall issues or plights of the respondents. In 43% of the union dissolutions, women were suffering from frequent/regular health issues. As 28% of women reported that they had lost their societal status after their union dissolution. Sometimes they also experienced some kind of disrespect from society. Around

Table 7: Beneficiary of various Government Schemes by the union dissolution of women

<i>Availed any Govt. Schemes/Programmes</i>	<i>Percent (%)</i>
Not availed any govt. scheme	35
Pension/Bhatta	30
Monthly Ration	47
Indira Awaas Yojana (housing scheme)	1
Problems related to pension	
Long queue/ In-sufficient amount	12

Table 8: Dependency on family members/relatives for financial aid/assistance (n = 100)

<i>Family Members</i>	<i>Percent (%)</i>
Own Children (Son/Daughter)	38
Parents (Mother/Father)	25
In laws (Father in law / mother-in-law)	12
Siblings (Brothers/ Sisters)	4
Independent/ Self (working)	21

Table 9: Self-reported health status of union dissolution women (n = 100)

<i>Health status (self-rated)</i>	<i>Percent (%)</i>
Good	35
Average	40
Poor	20
Self-reported Diseases/morbidity	
Diabetes	17
Pain (back/headache/joint etc.)	27
Eye/ear problem	13
Others (thyroid, blood pressure, stone etc.)	6
No problem	37

Table 10: Reasons for not opting for remarriage (%) among the union dissolution women

<i>Reasons</i>	<i>Widow</i>	<i>Separated</i>	<i>Total</i>
	<i>In percent (%)</i>		
Not interested	21	24	45
Too late	39	2	41
Kids were young	3	6	9
Not received any marriage proposal	2	3	5

20% of women were concerned about their children's studies and future. Nearly around 10% of women are facing severe to moderate financial problems in their families.

Table 11: The overall plight of the union dissolution women

<i>Problems/plight</i>	<i>Percent (%)</i>
Frequent health issues	43
Lower Societal status or disrespect	28
Worried/Concerned for future	20
Financial issues	9

Table 12: Pearson's correlation coefficient (r)

<i>Variables/Indicators</i>	<i>Coefficient (r)</i>	<i>p-value</i>
Age of the respondent	-.356**	.000
Age at marriage	.229*	.022
Educational level	.241*	.016
Religion	.078	.440
Duration of widowhood/Separation	-.162	.106
Working status	-.026	.795
BPL category	.024	.814
Headship status	.262**	.009
Marital status	.036	.720
Type of family	-.079	.432

** . Correlation is significant at the 0.01 level (2-tailed).

* . Correlation is significant at the 0.05 level (2-tailed).

Table 12 presents the correlation coefficient, an attempt is made to measure a linear relationship or association between health status of the women with other background variables such as age, age at marriage, education, religion, duration of separation/widowhood, working status, headship status, marital status, and type of family. Results suggest that the respondent's age and family headship status are associated with health status and are found statistically significant. Education and age at marriage were also associated with the health status of women and were found statistically significant. However, religion, marital status, and BPL cardholders have found weak relationships. On the other hand, type of family, working status, and duration of separation were negatively associated with health status.

DISCUSSION

Over the period the magnitude of widows and divorced/separated has constantly increased in India and Odisha. Therefore, the present study tried to explore the living arrangements and current health conditions of the women who had experienced union dissolution either through the death or separation of their partner.

The present study found that the majority of union-dissolution women self-rated their health status as good and average. About 37% don't have any health-related issues, most of the elderly women had joint pain and

difficulties in hearing. Contrary, previous literature found sleep disorders and deterioration of self-rated health; union dissolution is highly correlated with poor health measures among the union dissolution women (Barbuscia, 2022). Studies also found that widowed older adults were more likely to be depressed than their currently married counterparts (Srivastava, 2021). In the future, research can be taken in this direction to explore the relationship of divorced/widowed women and depression as it is one of the limitations of the present study.

Only a quarter of the women were financially independent or engaged in any economic activity. Further, only 30% were receiving a meager pension or monthly allowances. These conditions make them more vulnerable. The majority were currently living with their family members.

Literature suggests that for the widows with children, their act of remarriage is considered as abandoning their responsibilities. It is difficult for a widow to decide on remarriage as often they are criticized by others and they feel conflicted due to stigma (Karupiah, 2022). Similar findings were found from the present study on the question of remarriage. The majority of the women responded not interested in remarriage or that it was too late and the children were young. Few women mentioned that they did not receive any marriage proposal.

Results suggest that the respondent's age and family headship status are associated with health status and are found statistically significant. Education and age at marriage were also associated with the health status of women and were found to be statistically significant

CONCLUSION

The present study tries to explore the living arrangements and health conditions of union-dissolution women in the Balasore district. Results suggest that some of these women became widows or divorced at very young ages. About a quarter of the women were below 30 years of age. Most of these women are dependent on their family members, as only 25% of women were financially independent. Often they don't have choices for their living arrangements and also receive limited proposals for remarriages, making them more vulnerable. Therefore, future research can be done in this direction, especially to explore their familial support, property rights, abusive history, psychological health, and educational performance of their children.

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